The City of A Great Place to Work and Play! ROCK SPRINGS WYOMING

Wastewater Treatement Plant [307] 352-1465
Building Inspections [307] 352-1541
Planning and Zoning [307] 352-1540
Vehicle Maintenance [307] 352-1452

epartment of Public Services
et, Rock Springs, WY 82901
-1540 • FAX [307] 352-1545

Rock Springs
Audit Response
#3

January 9, 2011

Al Garcia
Pretreatment Coordinator
USEPA Region 8
Industrial Pretreatment Program (8P-
1595 Wynkoop,
Denver, Colorado 80202-1129

Mr. Garcia,

The City of Rock Springs is submitting multiple items which were to be completed by February 10, 2011extended submittal date, (original date of January 28, 2011), for February 12, 2011, and February 25, 2011 as required from the recent 2010 Audit and PCI.

We have completed the following items:

3.
Items changed to improve our data evaluation procedures Permit Boiler plate showing how we have changed our monitoring frequency to monthly/quarterly, new running violation list for each IU/SIU, Self Monitoring Report (SMR) Check list with the addition of the most recent SNC calculation date, Tracking Board on wall with the addition of the next SNC calculation due date, File Review log sheets listing dates of last submittals of forms and requirements, including SMR's, and three example copies of our recent Spread sheet program for TRC/SNC calculations, please note that the Memorial Hospital recently has two metals violations, and a past pH violation which we are currently issuing NOV's with possible compliance schedules and or penalties.

6.
a. We have included our Permit Boiler Plate which now has the SNC criteria included.
b. The Permit Boiler Plate also shows the changes in the wording to include that a signed and dated SMR be provided as part of the reporting conditions in the Permit.
c. We have also made the needed changes in our Permit Boiler Plate to require that the IU listed in the Permit provide the required signed Certification Statement as found in 40 CFR 403.6(a)(2)(ii) of the general pretreatment regulations, in the SMR.

8.
a. The City has removed all the received date and time lines from the top left of our documents and forms. We will be using a date received stamp from now on. A Self Monitoring Report Boiler Plate has this change and is included. Copies of several SMR Check Lists are included.

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212 D Street, Rock Springs, WY 82901
Office [307] 352-1540 • FAX [307] 352-1545

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12.

a. Copies of the blank and those completed for each Industrial User are attached for your review.

b. I have included the response from the Memorial Hospital for the required slug and spill plan. Further work on this issue will be needed the document has room for improvement. I will be meeting with the hospital to provide them with copies of the plan requirements and to assist them in complying with this requirement as quickly as possible.

c. -We have performed our initial writing of the sampling protocol and method books. Several examples are provided for your review, this will continue to evolve as we actually do a sampling event this June 2011.
-The Memorial Hospital Permit was re-issued in December of 2010, to address the some needed corrective actions and to remove some testing parameters which have shown no concerns. Another review of their permit is scheduled for June 2011.
-As for the Sampling Protocol and methods we have written up initial protocol and methods, and have provided a picture of the Memorial Hospital Sampling Protocol and Methods book and the written procedures included in that book, also provided in the picture and in the submittal.
-A copy of a blank and completed Chain of Custody form we will be using is included for your review.

13.
I have attached a completed copy of one of our IU inspection reports which contains the addition of the required signature line.

15.
As stated in 12. (c) above, we have purchased the recommended bound field books for the sampling protocol and methods documentation. We have completed the initial procedures write up in each book, as stated their will be a continued update of this data as we start our sampling events in June 2011. This was due February 25, 2011.

17.
We have already started using the forms that are attached and believe that the SNC calculations will not be missed again. The changes we have made include an SNC Spread sheet to assist us in calculating the TRC and SNC. We will continue to review and update as needed to prevent any re-occurrence of this issue. Copies of the completed Spread Sheets are provided, all IU/SIU files have been done and are up to date, and noted violations are being addressed.

I have included a copy of our new phone and contact log for each IU/SIU, We will be using these for each contact as of this date.

I will also email copies of the pictures I have provided to you as copying them is not very effective

Thank you for your help, and patience in resolving these issues.

If I may be of further assistance, please call me at (307) 352-1466.

Sincerely,

Randy Conner
Projects & Programs Coordinator

cc: Vess Walker, Public Services Director
Vince Crow, City Attorney
Mike Gaviotis, Wastewater Treatment Plant Superintendent
Technical Support Supervisor, Water Quality Division, WYDEQ
Aaron Urdiales, NPDES Enforcement Unit – (8-ENF-W-NP)
File

CITY OF ROCK SPRINGS
WASTE WATER DISCHARGE CONTRIBUTION PERMIT

PERMIT NUMBER: month-year-permit log number

Industrial User:_____

Division or District Name (if applicable):_____

Mailing:_____
Address: Street or P.O. Box City, State Zip Code

Facility: _____
Address: Street Address City, State Zip Phone

Name of IU is authorized discharge of industrial waste water to the City of Rock Springs Collection systems and wastewater treatment plant in compliance with the Rock Springs City Ordinance's, and or regulations, and or any applicable provisions of Federal or State laws or regulations, and in compliance with discharge permit and sampling point(s), effluent limitations, monitoring requirements, and other conditions set forth herein.

This permit is being issued pursuant to City of Rock Springs Ordinances Article 7 Section 7-403 and the Pretreatment Program Requirements.

Effective Date: Month Day Year

Expiration Date: Month Day Year

_____ Month Day Year
Special Projects and Programs Coordinator Date

_____ _____
Company Name Printed Name of Person Receiving Permit

_____ Month Day Year
Signature of Person Receiving Permit Date Received

NOTE:

THE PERSON WHO SIGNS AS RECEIVING THIS PERMIT IS STATING THAT THEY HAVE READ AND UNDERSTAND THIS PERMIT DOCUMENT. THIS IS NOT A CONTRACT, NOR AN AGREEMENT. THIS IS A PERMIT ALLOWING YOUR FACILITY TO DISCHARGE TO THE CITY WASTE TREATMENT SYSTEM UNDER SPECIFIC CONDITIONS AND REQUIREMENTS.

PART I Discharge Limitations and Monitoring Requirements

Beginning on the effective date of the permit, the Industrial User shall sample from the designated sampling point in accordance with the required frequency listed below and shall comply with effluent limitations described below.

	DISCHARGE LIMITATIONS	SAMPLING REQUIREMENTS	
PARAMETER	DAILY MAXIMUM mg/l	TEST FREQUENCY	SAMPLE TYPE
pH	5.0 OR ABOVE	EACH SAMPLE	GRAB+
BOD = Biological Oxygen Demand	5956 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
TSS = Total Suspended Solids	7603 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Chloride	5281 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
CN = Cyanide	0.032 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
As = Arsnic	0.27 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Be = Beryllium	0.043 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Cd = Cadmium	0.005 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Cr (TOTAL) = Chrome Total	5.0 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Cr (III) = Chrome Three	No Limit State Requirement	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Cr (VI/HEX) = Chrome SIX/HEX	0.05 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Cu = Copper	1.06 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Pb = Lead	1.81 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Hg = Mercury	<0.0005 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Mo = Molybdenum	0.245 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Ni = Nickel	2.92 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Ag = Silver	0.87 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Se = Selenium	0.18 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
Zn = Zinc	7.18 mg/l	MONTHLY OR QTRLY	COMPOSITE/GRAB+
BETX (total of all 4)	750 ug/l	MONTHLY OR QTRLY	GRAB+
Benzene, Ethyl-Benzene, Toluene, Xylene			
Benzene	50 ug/l	MONTHLY OR QTRLY	GRAB+
TPH = Total Petroleum Hydrocarbon	100 mg/l	MONTHLY OR QTRLY	GRAB+
O&G = Oil & Grease	100 mg/l	MONTHLY OR QTRLY	GRAB+

SPECIAL SAMPLING, TESTING, MONITORING NOTES & EXPLANATIONS:

\+ The grab sample is taken one time at a specified sampling point only. Sample must not be taken at the same time and day of week, times and days must alternate consistently.

* The composite sample shall consist of (at a minimum) (4) four samples taken at equal intervals over the duration of the daily discharge. If an industry discharges 24 hours a day, four samples taken at 6 hour intervals should be taken. The samples shall be of equal amounts and samples shall be combined to make a composite sample. These samples shall be taken during production hours.

** Fats, Oils & Greases, Total Petroleum Hydrocarbons (TPH) may cause an interference or blockage in the wastewater collection system. It is the sole responsibility of the Industrial User Named on page (1) one of this permit to maintain interceptors, sumps, and grease traps where needed to comply with Rock Springs City Ordinance's.

1. Since the operation of this system is continuous intermittent, it is important that Samples and measurements taken as required herein shall be representative of the volume and nature of the monitored discharge. The sampling and analysis maybe handled by a certified private contractor and laboratory on a pre-arranged basis. The Industrial User is still responsible for compliance and violations.

2. A field pH reading shall be taken with a documented calibrated device at the time a sample is taken and recorded on the Monthly Self Monitoring Report. An electronic pH meter shall be used. A calibration and certification statement must be provided for each sample event. These shall accompany the Monthly/Quarterly Self Monitoring Report.

3. All parameters tested for must use a Minimum Detection Limit (MDL) below the permit parameter Daily Maximum discharge limit. The lowest detection point possible must be used for Cd and Hg, (Cadmium 0.001 and Mercury 0.0002). The Industrial User named in this permit shall insure that all analysis results must show the Minimum Detection Limit (MDL) used.

4. All samples shall be taken and analyzed in accordance with 40 CFR Part 136, using proper sampling techniques, required MDL's, and methods, and at the designated sampling point listed herein. The Industrial User named in this permit is responsible for insuring they, their contractor, and the laboratory they use are complying with the requirements of their permit and 40 CFR Part 136. A signed Certification Statement is required with each sample analysis.

IMPORTANT REQUIREMENTS AND RECOMENDATIONS

1. The only recognized sampling point shall be the manhole located at the north end of Bowker Road where the facility lateral connects to the City main. The manhole is located south west of the facility and is in the middle of the Bowker Road. This is an end manhole with no other laterals or incoming lines. The manhole top is painted green for the initial sampling period.

2. Samples shall be taken of all flows entering this manhole, and shall only be taken during normal operations. (vehicle washing)

3. The routine monthly sampling event should occur in the first 5 days of the sampling period. This will help leave time to address any violation of limits or parameters. It is strongly recommended that the Industrial User require their laboratory to provide a 12 to 15 day turn-around time.

4. Any and all forms, compliance data, or special data and reports, which are specifically requested, are required to be delivered within ten days from the date of receipt of the request.

5. The Industrial User, or Facility shall be required to meet Federal, State standard, conditions, or local limits and ordinances, depending upon which ever are more stringent with each parameter, or situation.

6. The facility shall clean their wash bay sumps as needed to be in compliance. The City special Projects & Programs Coordinator must be notified when sumps are being cleaned. (Random sump and treatment system inspections will occur).

7. **Water Meter and/or Flow Meter Requirements:**
   - A. _____ shall install, by flow test, and maintain in good working condition, a discharge flow meter(s) which reads the flow of the water being used in the wash bay, or on the discharge lines of the treatment systems used for the wash bays.
   - B. The meter shall be calibrated every six (6) months and a copy of the calibration shall be provided with each July and December Monthly Self Monitoring Report, (SMR).
   - C. The Wash Bay discharge, or water use, meter readings, and or the facility inlet water meter readings, (for the entire facility), shall be taken on a daily basis, recorded, (as per example provided at time permit was issued), and provided to the City. These forms/reports shall accompany the required Self Monitoring Reports. These will be considered flow meter readings for this facility.
   - D. A wash bay water meter(s) reading, (flow value), shall be taken for a one (1) hour period, at the time of taking a sample, the meter readings and flow value from this period shall be reported on Self Monitoring Report where required.

8. The Industrial User shall propose, design and schedule to install and maintain a City required, specified, and approved outside Oil/Sand Interceptor Unit prior to _____.

9. The Industrial User shall schedule, install, and maintain further treatment as required by the City to meet the Daily Maximum Limits listed on page 2 of this permit.

PART II SPECIAL CONDITIONS

1. A. The Industrial User shall provide to the City of Rock Springs, and use the approved Spill Control Counter-measure Plan, (Spill prevention plan), and an Slug Prevention Plan to eliminate or minimize the accidental discharge of pollutants into the sewer system. This plan must cover the entire facility, specifically the wash bays. This plan shall be updated as required, and a new copy provided to the City of Rock Springs. The Plan is due ___date_____.
   - B. For the purposes of this requirement a slug discharge is any discharge of a non-routine, episodic nature, including but not limited to an accidental spill or a non-customary batch discharge. The results of such activity shall be available to the Approval Authority upon request.

C. The Industrial User shall post signs in the wash bays which state no dumping or rinsing out of totes, tanks, bins, cans, drums etc...

2. **Procedures for Limits Violations:**
   A. If the analytical results of sampling performed by the Industrial User show a violation, the Industrial User shall follow the sampling and reporting requirements in Part II Number 2 A, B, C and Part III, Number 3. A, B, C, D of this permit.
   B. Understanding that the turn-around time span needed for the required routine monthly sampling and reporting by the Industrial User, should readily allow for a repeat sampling of a violated limit during the month. There will be required repeat sampling and analysis by this Industrial User.
   C. The Industrial User should make every effort to resample and analyze any violated limits to reduce the number of days in violation of any parameter(s). Violations responses are calculated as: Violations X Days X Penalty Amount

PART III REPORTING CONDITIONS AND REQUIREMENTS

NOTE: Noncompliance in reporting is a violation of Rock Springs City Ordinance's and can result in administrative and/or civil penalties.

1. **Accidental Slug or Spill Reporting Requirements:**
   A. The Industrial User shall notify the City of Rock Springs Special Projects & Programs Coordinator, Wastewater Plant, and or the Police Department, immediately upon any accidental spill or slug discharge to the sanitary sewer as outlined in the Accidental Spill and Slug section of the City Ordinance's. (immediately is defined as within 24 hours)
   B. Formal written notification discussing circumstances and remedies taken by the Industrial User shall be submitted to the City of Rock Springs Special Projects & Programs Coordinator within 5 days of the occurrence.
   C. A notice shall be permanently posted in a prominent place at the Industrial Users facility advising employees of whom to call in the event of an accident, spill or slug discharge. The break room and wash bay are considered prominent places.

2. All reports shall be submitted to the following address: City of Rock Springs, Special Projects & Programs Coordinator 212 D Street, Rock Springs, WY 82901

3. **Operational, Process and Violation Reporting Requirements**:
   A. The City of Rock Springs Special Projects & Programs Coordinator shall be notified within twenty four (24) hours, or at the time of the Industrial Users first awareness of the commencement of any failure to meet and limit, monitoring, sampling, or reporting requirements, or of any non-compliance issue or conditions experienced by the Industrial User of its treatment system, process or discharge that places it in violation with the discharge limitations or conditions contained in this permit, or other requirements specified by the City, and or other problems which place the Industrial User in violation. A phone call must be made for each time a violation has occurred. Each analysis results, which show a limit has been exceeded is a separate violation.
   B. A detailed report shall be filed to the City within (5) five days of the verbal notification.
   C. Failure to report a violation is a separate and additional violation.
   D. The Industrial User must immediately do whatever it can to stop the discharge which is causing the violation.

4. **Self Monitoring Reports (SMR):**
   A. The Industrial User shall submit to the City, Signed and Dated Monthly/Quarterly Self Monitoring Reports showing results of its sampling of the pollutants specified in Part I, and Part II of this permit. Show all test results on the next page and include the sample dates, times and show the sample control numbers.
   B. The Industrial User shall use the Self Monitoring Report Forms Provided by the City of Rock Springs Special Projects & Programs Coordinator. These reports will be submitted by the (10th) tenth day of every MONTH beginning with the September 1, 2010 date. Sampling must be done for the Month of September 2010, which analysis results will be due the 10th day of October 2010. The next SMR due date will be November 10th, December 10th, and so on.
   C. The Industrial user shall attach all laboratory analysis to include all test methods and MDL's used by the laboratory, and the Laboratory Certification Statement to each Monthly Quarterly Self Monitoring Report (SMR).
   D. The monthly water meter readings shall be attached to each Monthly Quarterly Self Monitoring Report (SMR).
   E. Provide copies of meter calibration certification, (for flow meter, ph meter).
   F. A completed, (signed and dated by sender and each receiving lab) Chain of Custody report shall accompany all analysis reports of each sample sent. The chain of custody will show the name of the sampler. The chain of custody shall show who received the sample and when. The laboratory must return a signed copy of the chain of custody to the Industrial User with their analysis report. Provide chain of custody for each sample event and include with each SMR report.

G. The Permitted IU shall provide a signed and dated Self Monitoring Report as part of the Permit Reporting Conditions with each required Monthly or Quarterly reports.
H. Epa test methods must be used and so indicated on completed analysis sheet.
I. Provide a signed copy of the lab certification document and include with each report.
J. Failure to submit Monthly Quarterly Self Monitoring reports by the (10) tenth of the following month is a significant non-compliance violation of which will invoke the use of administrative penalties up to the maximum daily amount and possible escalating enforcement actions for each day the report is late.

5. The Industrial User will be required to sample its wastewater for pollutants specified in Section I, and report compliance, non-compliance, Any reasons for not complying, and any steps being taken by the user to comply.

6. The Industrial User shall notify the City Special Projects & Programs Coordinator prior to introduction of new wastes or water pollutants or substantial change in the volume or characteristics of the wastewater being discharged from their processes.

7. As per City of Rock Springs Ordinance 7-4, Section 7-403, Sub-Section 27. Part 27-02. General Discharge Prohibitions, Sub-Part (f) Failure to provide, with 30 days after the due date, required reports such as baseline monitoring reports, date, required reports such as baseline monitoring reports, 60-day compliance reports, periodic self-monitoring reports, and reports on compliance with compliance schedules.

PART IV STANDARD CONDITIONS

1. The Industrial User shall comply with all the general and specific prohibitive discharge standards of the Rock Springs City Ordinance's Article 7-4, Section 7-403.

2. **RIGHT OF ENTRY:** The Industrial User shall allow City representatives, exhibiting proper credentials and identification, to enter upon the premises of the Industrial User, and enter the Industrial User's Facility, at all reasonable hours, for the purposes of inspection, sampling, monitoring, or records inspection, for the purpose of monitoring compliance with this permit and City Ordinances. Reasonable hours in the context of inspection and sampling includes any time the Industrial User is operating any process which results in a process waste water discharge to the Rock Springs City wastewater collection system.

3. **RECORDS RETENTION:**
A. The Industrial User shall retain and preserve for no less than three (3) years records, books, documents, memoranda, reports, correspondence and any and all summaries thereof, relating to monitoring, sampling and chemical analyses made by or in behalf of the Industrial User of its discharge.
B. All records that pertain to matters that are the subject of special orders or any other enforcement or litigation activities brought by Rock Springs City shall be retained and preserved by the Industrial User until all enforcement activities have concluded and all periods of limitation with respect to any and all appeals have expired. (Minimum of 3 yrs)

4. **CONFIDENTIAL INFORMATION:** Except for data determined to be confidential under of the Rock Springs City Ordinance's, all reports required by this permit shall be available for public inspection at the office of the Projects & Programs Director, 212 D Street, Rock Springs, WY 82901.

5. **RECORDING OF RESULTS:** For each measurement or sample taken pursuant to the requirements of this permit, the Industrial User shall record the following information:
A. The exact place, date, time of sampling, sampler name.
B. Dates of analyses, Lab name, Analyst.
C. The analytical techniques, methods used, and the results of all required analyses.
D. The flow at the time of sampling, either water meter or flow meter results as required, and the monthly Flow total in MGD, if there is an on site flow meter, if not than the water meter will be used for the flow at the time sampling and the total flow and those required daily recorded readings.

6. **DILUTION:** The Industrial User shall not increase the use of potable or process water or, in anyway, attempt to dilute a discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in this permit.

7. **PROPER DISPOSAL OF PRETREATMENT SLUDGE'S AND SPENT CHEMICALS:**
The disposal of sludge's and spent chemicals generated shall be done in accordance with Section 405 of the 1986 Clean Water Act (40 CFR) and Subtitles C and D of the (R.C.R.A.) RESOURCE CONSERVATION AND RECOVERY ACT.

8. **SIGNATORY REQUIREMENTS:** All reports required by this permit shall be signed by a principal executive officer of the Industrial User, or his designee, in the representative capacity to the Industrial User (i.e. president, partner, etc.). Note that the Industrial User's designee must be stated so in writing, and delivered to Rock Springs City. This includes this Permit, Self monitoring Report Form, Industrial Waste Survey Form, and the Permit Application Form, Chain of Custody, Baseline Monitoring Report, Any written communication.

9. **REVOCATION OF PERMIT:** The permit issued to the Industrial User by Rock Springs City may be revoked when; after inspection, monitoring or analysis, it is determined that the discharge of waste water is in violation of the conditions of this permit. Or who are in violation of Federal, State, or Local Laws, Ordinances or Regulations. Additionally, falsification or intentional misrepresentation of data or statements pertaining to the permit application or any other required reporting form or sampling data, or failure to submit in the required timely manner the reports required in all the permit parts shall be cause for permit revocation. Refusal of reasonable access to the Industrial User premises for the purpose of inspection, monitoring or sampling and or failure to comply shall be reason for permit revocation. Nonpayment of surcharges, permit fees, sampling charges, or penalties for violations, Shall be cause for Revocation.

10. **LIMITATION ON PERMIT TRANSFER:** Waste water discharge permits are issued to a specific Industrial User's for a specific operation and period of time, and are not assignable to another Industrial User or transferable to any other location without the prior written approval of Rock Springs City. Sale of a facility by the Industrial User, shall obligate the Purchaser to seek prior written approval of Rock Springs City for continued discharge to the waste water collection system.

11. **FALSIFYING INFORMATION/TAMPERING WITH MONITORING EQUIPMENT:**
Knowingly making any false statement on any report or other document required by this permit or knowingly rendering any monitoring device or method inaccurate, may result in punishment under the criminal laws of Rock Springs City, as well as being subjected to civil and or criminal action, and or penalties and relief.

12. **MODIFICATIONS AND OR REVISION OF THE PERMIT:**
   A. The terms and conditions of this permit may be subject to modification by Rock Springs City at any time. Modifications may be made as a result of changes in limitations or requirements of Rock Springs City's Ordinance, or from any other just cause.
   B. The terms and conditions may be modified as a result of the State of Wyoming or the EPA promulgating a new State or Federal Pretreatment Standard or Requirement.
   C. Any permit modifications which result in new conditions in the permit shall include a reasonable time schedule for compliance if necessary.

13. **DUTY TO REAPPLY:** Rock Springs City may notify the Industrial User within ninety (90) days prior to the expiration of the Industrial User's Permit. The Industrial User shall reapply for renewal of the permit on the permit application form provided by the City. (Note: A completed Baseline monitoring report form must accompany permit application). The deadline for permit renewal is 30 days prior to the expiration date on your permit. Failure to apply for permit renewal prior to the expiration date shall be cause for higher renewal fee for late submittal of permit application. If a new permit is not issued before the expiration date of the old permit, then you may no longer discharge, (Unless otherwise informed in writing by the Special Projects & Programs Coordinator until a new permit is issued by Rock Springs City). All necessary forms are available at the City of Rock Springs, Special Projects & Programs Coordinators office.

14. **SEVER-ABILITY:** The provisions of this permit are sever-able, and if any provision of this permit, or the application of any provision of this permit to any circumstance, is held invalid, the application of such provision to other circumstances, of the remainder of this permit shall not be affected.

15. **PROPERTY RIGHTS:** The issuance of this permit does not convey any property rights in either real or personal property, or any exclusive privileges; nor does it authorize any invasion of personal rights, nor any infringement of Federal, State or Local regulations.

16. **FEES AND CHARGES:** All costs associated with this permit shall be paid by the Industrial User named in this permit, including sampling and analytical costs incurred by Rock Springs City in conjunction with this permit.

A. The Industrial User shall be responsible to arrange for and pay all costs associated with sampling and laboratory analysis whether the industrial user takes the sample or the City takes the sample.

B. A Violation of this permit shall be cause to invoke a fine of up to **$** 1,000.00 ONE THOUSAND DOLLARS PER VIOLATION PER DAY, and/or other penalties as required.

C. All charges and/or fee's, shall be paid in full by the Industrial User named in this permit within 30 days of billing. Failure to do so will be considered a violation of this permit.

D. The Industrial User shall pay a permit fee of **$** 200.00 at time of permit issue. **($ 100.00/year).**

E. Costs associated with cleanup, or reparation for damage, shall be the Industrial Users responsibility.

17. **THE SPECIAL PROJECTS AND PROGRAMS COORDINATOR MAY SUSPEND, STOP OR BLOCK THE DISCHARGE FROM THE INDUSTRIAL USER NAMED IN THIS PERMIT IF;**

A. There is the possibility of harm or blockage to the City Collection System or Treatment Facility.

B. If there are un-resolved compliance issues.

C. If the Industrial Users has failed or refused to comply with the City Ordinance, Pretreatment Program, or Permit or any requirements therein.

D. It is in the best interest of the City to not continue to receive a discharge from this Industrial User.

18. **MISCELLANEOUS INFORMATION:**

A. A sign off sheet will or has been used at the time of permitting to signify knowledge of requirements and paperwork given to the Company name in this permit. (Copies are available upon request).

B. The permitted Industrial User named in this permit shall be responsible for compliance and any violations.

C. Failure to comply or meet the conditions of this permit will result in escalating enforcement actions and penalties, for each violation.

PART V GENERAL/SPECIFIC PROHIBITIONS

As per City of Rock Springs Ordinance 7-4, Section 7-403, Sub-Section 4. General Discharge Prohibitions, Part 4-01.

4-01. No User shall contribute or cause to be contributed, directly or indirectly, any pollutant or wastewater which will interfere with the operation or performance of the POTW. These general prohibitions apply to all such Users of a POTW whether or not the User is subject to National Categorical Pretreatment Standards or any other National, State, or local Pretreatment Standard or Requirements. A User may not contribute the following substances to any POTW:

(a) Any liquids, solids, gases or other pollutants which by reason of their nature or quantity are, or may be, sufficient either alone or by interaction with other substances to cause fire or explosion or be injurious in any other way to the POTW or to the operation of the POTW, including, but not limited to, wastestreams with a closed cup flashpoint of less than 140 degrees Fahrenheit or 60 degrees Centigrade using the test methods specified in 40 CFR 261.21. At no time, shall two successive readings on an explosion hazard meter, at the point of discharge into the system (or at any point in the system) be more than five percent (5%) nor any single reading over ten percent (10%) of the Lower Explosive Limit (LEL) of the meter. Prohibited materials include, but are not limited to, gasoline, kerosene, naphtha, benzene, toluene, xylene, ethers, alcohols, ketones, aldehydes, peroxides, chlorates, perchlorates, bromates, carbides, hydrides and sulfides and any other substances which the City, the State or EPA has notified the User is a fire hazard or a hazard to the system.

(b) Solid or viscous pollutants in amounts which may cause obstruction to the wastewater flow resulting in interference with the operation of the POTW wastewater treatment facilities such as, but not limited to: grease, garbage with particles greater than one-half inch (1/2") in any dimension, animal guts or tissues, paunch manure, bones, hair, hides or fleshings, entrails, whole blood, feathers, ashes, cinders, sand, spent lime, stone or marble dust, metal, glass, straw, shavings, grass clippings, rags, spent grains, spent hops, waste paper, wood, plastics, gas, tar, asphalt residues, residues from refining, or processing of fuel or lubricating oil, mud, or glass grinding or polishing wastes.

(c) Any wastewater having a pH less than 5.0, or wastewater having any other corrosive property capable of causing damage or hazard to structure, equipment, and/or personnel of the POTW.

(d) Any wastewater containing toxic pollutants in sufficient quantity, either singly or by interaction with other pollutants, to injury or interfere with any wastewater treatment process, constitute a hazard to humans or animals, create a toxic effect in the receiving waters of the POTW, or to exceed the limitation set forth in a Categorical Pretreatment Standard. A toxic pollutant shall include but not be limited to any pollutant identified pursuant to Section 307(a) of the Act.

(e) Any noxious or malodorous liquids, gases or solids which either singly or by interaction with other wastes are sufficient to create a public nuisance or hazard to life or are sufficient to prevent entry into the sewers for maintenance and repair.

(f) Any substance which may cause the POTW's effluent or any other product of the POTW such as residues, sludges, or scums, to be unsuitable for reclamation and reuse or to interfere with the reclamation process. In no case, shall a substance discharged to the POTW cause the POTW to be in non-compliance with sludge use or disposal criteria, guidelines or regulations developed under Section 405 of the Act; any criteria, guidelines, or regulations affecting sludge use or disposal developed pursuant to the Solid Waste Disposal Act, the Clean Air Act, the Toxic Substances Control Act, or State criteria applicable to the sludge management method being used.

(g) Any substance which will cause the POTW to violate its NPDES and/or State Disposal System permit or the receiving water quality standards.

(h) Any wastewater with objectionable color not removed in the treatment process, such as, but not limited to, dye wastes and vegetable tanning solutions.

(i) Any wastewater having a temperature which will inhibit biological activity in the POTW treatment plant resulting in interference, but in no case wastewater with a temperature at the introduction into the POTW which exceeds 40 degrees Centigrade (104 degrees F) unless the POTW treatment plant is designed to accommodate such temperature.

(j) Any pollutants, including oxygen demanding pollutants (BOD, etc.) released in a discharge at a flow rate to the POTW. In no case shall a slug load have a flow rate or contain concentration or qualities of pollutants that exceed for any time period longer than fifteen (15) minutes more than five (5) times the average twenty-four (24) hour concentration, quantities, or flow during normal operation.

(k) Any wastewater containing any radioactive wastes or isotopes of such half-life or concentration as may exceed limits established by the Superintendent in compliance with applicable State or Federal regulations.

(l) Any wastewater which causes a hazard to human life or creates a public nuisance.

(m) Heat in amounts which will inhibit biological activity in the POTW resulting in interference, but in no case heat in such quantities that the temperature at the POTW treatment plant exceeds 40 degrees centigrade (104 degrees Fahrenheit).

(n) Petroleum oil, non-biodegradable cutting oil, or products of mineral oil origin in amounts that will cause interference or pass through.

(o) Pollutants which result in the presence of toxic gases vapor or fumes within the POTW in a quantity that my cause acute worker health and safety problems.

(p) Any trucked or hauled pollutants, except as designated and at discharge points designated by the POTW.

B J SERVICES VIOLATION TRACKING LOG

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

HALLIBURTON ENERGY SERVICES VIOLATION TRACKING LOG

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

MEMORIAL HOSPITAL OF SWEETWATER COUNTY					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

WEATHERFORD (FOOTHILL)					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TRI MAC TRANSPORTATION VIOLATION TRACKING LOG

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

POMRENKE WIRELINE SERVICES INC VIOLATION TRACKING LOG

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-1					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-3

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-7					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-8					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-17					
DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

TERRACON RS-19

DATE	TIME	VIOLATION(S)	ACTION NEEDED OR TAKEN	SNC CALC	DATE DONE

ROCK SPRINGS CITY
SELF MONITORING REPORT CHECKLIST
(for IU's, SIU's and CIU's)

Completed by: Randy Conner/Brian Leum

Title: Special Projects & Programs Coordinator/Lead Collections & Pretreatment Specialist

Name of IU,SIU,CIU: BJ SERVICES

Permit Number: 04-96-32

1.	Was report received on time?		YES	NO
2.	If no to # 1 how many days late was report: _____			
3.	Reason given for late report: _____			
	_____			
5.	Are flow data sheets attached?		YES	NO
6.	If flow meter calibration is required was certification statement attached?	YES	NO	N/A
7.	Is all required testing laboratory information provided?		YES	NO
8.	Were all permit required parameters tested for?		YES	NO
9.	Were required EPA test methods used?		YES	NO
10.	Were required MDL's used?		YES	NO
11.	Were tested parameters reported on SMR?		YES	NO
12.	Were any parameter violations noted from review? _____		YES	NO
13.	Were sample date, sampling time and control number on SMR form?		YES	NO
14.	Did the required number of samples get taken?		YES	NO
15.	Are copies of Lab analysis results attached?		YES	NO
16.	Is Chain of Custody attached?		YES	NO
17.	Was Certification statement signed, dated and attached?		YES	NO
18.	Was SMR form completed?		YES	NO
	If no list missing data: _____			
19.	Did User list or note any violations on form? _____		YES	NO
20.	Has the permit expired?		YES	NO
21.	Is any enforcement action required at this time? _____		YES	NO
22.	When was last SNC calculation done? _____			

ROCK SPRINGS CITY
SELF MONITORING REPORT CHECKLIST
(for IU's, SIU's and CIU's)

Completed by: Randy Conner/Brian Leum

Title: Special Projects & Programs Coordinator/Lead Collections & Pretreatment Specialist

Name of IU,SIU,CIU: Haliburton Energy Services

Permit Number: 03-07-043

1.	Was report received on time?		YES	NO
2.	If no to # 1 how many days late was report: _____			
3.	Reason given for late report: _____			
	_____			
5.	Are flow data sheets attached?		YES	NO
6.	If flow meter calibration is required was certification statement attached?	YES	NO	N/A
7.	Is all required testing laboratory information provided?		YES	NO
8.	Were all permit required parameters tested for?		YES	NO
9.	Were required EPA test methods used?		YES	NO
10.	Were required MDL's used?		YES	NO
11.	Were tested parameters reported on SMR?		YES	NO
12.	Were any parameter violations noted from review? _____		YES	NO
13.	Were sample date, sampling time and control number on SMR form?		YES	NO
14.	Did the required number of samples get taken?		YES	NO
15.	Are copies of Lab analysis results attached?		YES	NO
16.	Is Chain of Custody attached?	YES	NO	
17.	Was Certification statement signed, dated and attached?		YES	NO
18.	Was SMR form completed?		YES	NO
	If no list missing data: _____			
19.	Did User list or note any violations on form? _____		YES	NO
20.	Has the permit expired?		YES	NO
21.	Is any enforcement action required at this time? _____		YES	NO
22.	When was last SNC calculation done? _____			

ROCK SPRINGS CITY
SELF MONITORING REPORT CHECKLIST

Completed by: Randy Conner/Brian Leum

Title: Special Projects & Programs Coordinator/Lead Collections & Pretreatment Specialist

Name of IU,SIU,CIU: Memorial Hospital Sweetwater County

Permit Number: 09-98-14

1.	Was report received on time?		YES	NO
2.	If no to # 1 how many days late was report: _____			
3.	Reason given for late report: _____			
	_____			
5.	Are flow data sheets attached?		YES	NO
6.	If flow meter calibration is required was certification statement attached?	YES	NO	N/A
7.	Is all required testing laboratory information provided?		YES	NO
8.	Were all permit required parameters tested for?		YES	NO
9.	Were required EPA test methods used?		YES	NO
10.	Were required MDL's used?		YES	NO
11.	Were tested parameters reported on SMR?		YES	NO
12.	Were any parameter violations noted from review? _____		YES	NO
13.	Were sample date, sampling time and control number on SMR form?		YES	NO
14.	Did the required number of samples get taken?		YES	NO
15.	Are copies of Lab analysis results attached?		YES	NO
16.	Is Chain of Custody attached?	YES	NO	
17.	Was Certification statement signed, dated and attached?		YES	NO
18.	Was SMR form completed?		YES	NO
	If no list missing data: _____			
19.	Did User list or note any violations on form? _____		YES	NO
20.	Has the permit expired?		YES	NO
21.	Is any enforcement action required at this time? _____		YES	NO
22.	When was last SNC calculation done ? _____			

ROCK SPRINGS CITY
SELF MONITORING REPORT CHECKLIST

for Permit Number: 05-03-026

Completed by: Randy Conner/Brian Leum

Title: Special Projects & Programs Coordinator/Lead Collections & Pretreatment Specialist

Name of IU,SIU,CIU: WEATHERFORD U.S.L.P. - FOOTHILL

1.	Was report received on time?		YES	NO
2.	If no to # 1 how many days late was report: _____			
3.	Reason given for late report: _____			
	_____			
5.	Are flow data sheets attached?		YES	NO
6.	If flow meter calibration is required was certification statement attached?	YES	NO	N/A
7.	Is all required testing laboratory information provided?		YES	NO
8.	Were all permit required parameters tested for?		YES	NO
9.	Were required EPA test methods used?		YES	NO
10.	Were required MDL's used?		YES	NO
11.	Were tested parameters reported on SMR?		YES	NO
12.	Were any parameter violations noted from review? _____		YES	NO
13.	Were sample date, sampling time and control number on SMR form?		YES	NO
14.	Did the required number of samples get taken?		YES	NO
15.	Are copies of Lab analysis results attached?		YES	NO
16.	Is Chain of Custody attached?		YES	NO
17.	Was Certification statement signed, dated and attached?		YES	NO
18.	Was SMR form completed?		YES	NO
	If no list missing data: _____			
19.	Did User list or note any violations on form? _____		YES	NO
20.	Has the permit expired?		YES	NO
21.	Is any enforcement action required at this time? _____		YES	NO
22.	When was last SNC calculation done ? _____			

ROCK SPRINGS CITY
SELF MONITORING REPORT CHECKLIST
FOR PERMIT NUMBER: 12-05-033

Completed by: Randy Conner/Brian Leum

Title: Special Projects & Programs Coordinator/Lead Collections & Pretreatment Specialist

Name of IU, SIU, CIU: Terracon RS-1 W/DOT South, 1301 B North Elk Street

1.	Was report received on time?		YES	NO
2.	If no to # 1 how many days late was report: _____			
3.	Reason given for late report: _____			
	_____			
5.	Are flow data sheets attached?		YES	NO
6.	If flow meter calibration is required was certification statement attached?	YES	NO	N/A
7.	Is all required testing laboratory information provided?		YES	NO
8.	Were all permit required parameters tested for?		YES	NO
9.	Were required EPA test methods used?		YES	NO
10.	Were required MDL's used?		YES	NO
11.	Were tested parameters reported on SMR?		YES	NO
12.	Were any parameter violations noted from review? _____		YES	NO
13.	Were sample date, sampling time and control number on SMR form?		YES	NO
14.	Did the required number of samples get taken?		YES	NO
15.	Are copies of Lab analysis results attached?		YES	NO
16.	Is Chain of Custody attached?		YES	NO
17.	Was Certification statement signed, dated and attached?		YES	NO
18.	Was SMR form completed?		YES	NO
	If no list missing data: _____			
19.	Did User list or note any violations on form? _____		YES	NO
20.	Has the permit expired?		YES	NO
21.	Is any enforcement action required at this time? _____		YES	NO
22.	When was last SNC calculation done ? _____			

	DESIGNATION	PERMIT ISSUE DATE	PERMIT EXPIRATION DATE	LAST INSPECTION DATE	NEXT INSPECTION DUE DATE	LAST CITY SAMPLING DATE	NEXT REQUIRED CITY SAMPLING DATE	SMR DUE DATE	SMR CHECKLIST COMPLETED (YES/NO)	IN COMPLIANCE FOR REPORTING PERIOD (YES/NO)	QUARTERLY SNC CALCULATED (YES/NO)	IN COMPLIANCE FOR THIS QUARTER (YES/NO)	VIOLATIONS FOR CALCULATED QUARTER	ACTION TAKE (PC/W
BJ SERVICES PERMIT NO. 04-96-032		9-18-09	9-18-11	7-19-10	6-22-11	7-19-10	WED 6-22-11	4-10-11	1-6-11	SMR C & D Inc	2/28/11			
HALLIBURTON PERMIT NO. 03-07-043		6-12-09	6-12-11	7-19-10	6-29-11	7-19-10	(Mon) 6-20-11	4-10-11	1-7-11	MTR CAL	2-28-11			
MEMORIAL HOSP. PERMIT NO. 09-96-014		12-29-10	8-13-12	12/29/10	6-21-11	7/19/10	(Tue) 6-21-11	2-10-11	1-6-11	COC VOC 625	2/28/11			
WEATHERFORD (FOOTHILL) PERMIT NO. 05-03-026		5-7-09	5-7-12	7-14-10	6-22-11	7-14-10	WED 6-22-11	4-10-11	1-7-11	MTR CAL	2/28/11			
POMRENKE PERMIT NO. 09-07-046		9-1-09	9-1-11	7-14 10	6-22-11	7-14-10	WED 6-22-11	2-10-11	1-6-11		2/28/11			
TRI-MAC PERMIT NO. 09-09-051		CEASED							D	I	S	G		
TERRACON RS-1 PERMIT NO. 12-05-033		12-1-09	12-1-11	7-14-10	6-23-11	7-14-10	Thur. 6-23-11	4-10-11	1-10 11		2/28/11			
PERMIT NO.														
TERRACON RS-3 PERMIT NO. 12-05-035		12-1-09	12-1-11	7-14-10	6-23-11	7-14-10	Thur. 6/23/11	4-10-11			2/28/11			

	C	E	A	S	E	D		D	I	S	G	
PERMIT NO. 09-07-044												
TRI-MAC PERMIT NO. 09-09-031												
TERRACON RG-1 PERMIT NO. 12-05-033	12-1-09	12-1-11	7-14-10	[illegible]	7-14-10	[illegible]	4-10-11	1-10-11		2/28/11		
PERMIT NO.												
TERRACON RG-3 PERMIT NO. 12-05-035	12-1-09	12-1-11	7-14-10	[illegible]	7-14-10	6/23/11	4-10-11			2/28/11		
PERMIT NO.												
PERMIT NO.												
TERRACON RG-7 PERMIT NO. 12-05-038	12-1-09	12-1-11	7-14-10	[illegible]	7-14-10	[illegible]	4-10-11			2/28/11		
TERRACON RG-8 PERMIT NO. 12-05-039	12-1-09	12-1-11	7-14-10	[illegible]	7-14-10	6/23/11	4-10-11			2/28/11		
PERMIT NO.												
TERRACON RG-11 PERMIT NO. 12-05-041	12-1-09	12-1-11	O/S	O/S	O/S	O/S	O/S			O/S		
TERRACON RG-10 PERMIT NO. 12-05-042	12-1-09	12-1-11	7-14-10	[illegible]	7-14-10	6/23/11	4-10-11			2/28/11		
BASIC SERVICES HAULER PERMIT NO. 07-04-085	7-12-08	7-12-11										
UNITED SITE SERVICES HAULER	2-2-09	2-2-11										

PERMIT NO.12-05-041			7S	7S	7S	7S	7S			7S			
TERRACON RS-19 PERMIT NO.12-05-042	12-1-09	12-1-11	7-14-10	6-23-11	7-14-10	6/3/11				3/28/11			
BASIC SERVICES HAULER PERMIT NO.07-04-015	7-12-08	7-12-11											
UNITED SITE SERVICES HAULER PERMIT NO.02-09-050	2-2-09	2-2-11											
INDEPENDENCE ENTERPRISES PERMIT NO.02-03-009 HAULER	2-25-10	2-25-12											
THE JOHN CO HAULER PERMIT NO.10-10-050	10-15-09	10-15-11											
HAULER PERMIT NO.													
HAULER PERMIT NO.													
					Next Due Date								
Domestic					3- 2011								
Commercial					3- 2011								
WWTP INF.			1ST SAMPLE DONE 2-2010		1ST SAMPLE DUE 3-2011		2ND SAMPLE DONE 7-13-10		2ND SAMPLE DUE 6-2011				
WWTP EFF.			1ST SAMPLE DONE 2-2010		1ST SAMPLE DUE 3-2011		2ND SAMPLE DONE 7-13-10		2ND SAMPLE DUE 6-2011				

IU FILE REVIEW AND REQUIREMENTS CHECKLIST

NAME OF IU, SIU, CIU:_____

DATE REVIEW WAS STARTED:_____

TIME REVIEW WAS STARTED:_____

REVIEWED BY: _____

1. PERMIT NUMBERS AND ISSUE DATES
   NUMBER:_____ DATED:_____
   NUMBER:_____ DATED:_____

2. CURRENT PERMIT REVIEWED
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____

3. PERMIT MODIFICATIONS
   DATED:_____ DATED:_____ DATED:_____

4. FLOW METER CALIBRATIONS (IF REQUIRED)
   DATED:_____ DATED:_____
   DATED:_____ DATED:_____

5. SPILL CONTROL AND COUNTER MEASURE PLAN (ACCIDENTAL, ETC)(REQ)(N-REQ)
   DATED:_____ DATED:_____

6. IU CURRENT SELF MONITORING REQUIREMENTS
   __ WEEKLY __ MONTHLY __ QUARTERLY OTHER:_____

7. PERIODIC COMPLIANCE REPORT(S)/SELF MONITORING REPORTS
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____

8. IU/SIU SAMPLING DATES
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____

9. IU/SIU LAB SAMPLE RECEIPT DATE
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____
   DATED:_____ DATED:_____ DATED:_____

10. IU/SIU LAB SAMPLE TEST DATE

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

11. IU/SIU REPORTED ANALYSIS DATE

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

12. CITY SAMPLING DATES

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

13. CITY INSPECTION DATES

DATED:_____	DATED:_____
DATED:_____	DATED:_____

14. VIOLATION STATUS FORM(S)

DATED:_____	DATED:_____
DATED:_____	DATED:_____

15. SNC CALCULATIONS DONE

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

16. TRC REVIEW DONE

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

17. ENFORCEMENT ACTIONS

DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____
DATED:_____	DATED:_____	DATED:_____

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

BJ Services Company Inc.

Observations for Period	1/1/2010	THRU	3/31/2010
Date Observed	1/7/2010		
Report more then 30 days late?	No		
Is report complete	Yes		
If NO what is missing			

Permit Parameter	Permit Limit		Measured Value		Time Required	Violation		Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	7.5		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	34.6	mg/L	Quarterly	No	0	None	0	No	No	No
Cd	0.005	mg/L	0.002	mg/L	Quarterly	No	0	None	0	No	No	No
Mo	0.245	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
BETX Total	750	ug/L	5	ug/L	Quarterly	No	0	None	0	No	No	No
BETX Any Sigle One	50	ug/L	4	ug/L	Quarterly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	ug/L	Quarterly	No	0	None	0	No	No	No
TPH	100	mg/L	6.1	mg/L	Quarterly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

BJ Services Company Inc.

Observations for Period 4/1/2010 THRU 6/30/2010

Date Observed 10/7/2010

Report more then 30 days late? No

Is report complete Yes

If NO what is missing

Permit Parameter	Permit Limit		Measured Value		Time Required	Violation		Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	7.7		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	95	mg/L	Quarterly	No	0	None	0	No	No	No
Cd	0.005	mg/L	0.001	mg/L	Quarterly	No	0	None	0	No	No	No
Mo	0.245	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
BETX Total	750	ug/L	17	ug/L	Quarterly	No	0	None	0	No	No	No
BETX Any Sigle One	50	ug/L	10	ug/L	Quarterly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	ug/L	Quarterly	No	0	None	0	No	No	No
TPH	100	mg/L	23.52	mg/L	Quarterly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

BJ Services Company Inc.

Observations for Period 7/1/2010 THRU 9/31/2010

Date Observed 10/7/2010

Report more then 30 days late? No

Is report complete Yes

If NO what is missing

Permit Parameter	Permit Limit		Measured Value		Time Required	Violation		Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	7.7		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	80	mg/L	Quarterly	No	0	None	0	No	No	No
Cd	0.005	mg/L	0.001	mg/L	Quarterly	No	0	None	0	No	No	No
Mo	0.245	mg/L	0.071	mg/L	Quarterly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
BETX Total	750	ug/L	6	ug/L	Quarterly	No	0	None	0	No	No	No
BETX Any Sigle One	50	ug/L	5	ug/L	Quarterly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	ug/L	Quarterly	No	0	None	0	No	No	No
TPH	100	mg/L	22.117	mg/L	Quarterly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

BJ Services Company Inc.

Observations for Period 10/1/2010 THRU 12/31/2010

Date Observed 1/6/2011

Report more then 30 days late? No

Is report complete No

If NO what is missing Expiration Date on SMR

Permit Parameter	Permit Limit		Measured Value		Time Required	Violation		Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	7.9		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	158	mg/L	Quarterly	No	0	None	0	No	No	No
Cd	0.005	mg/L	0.0029	mg/L	Quarterly	No	0	None	0	No	No	No
Mo	0.245	mg/L	0.076	mg/L	Quarterly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.05	mg/L	Quarterly	No	0	None	0	No	No	No
BETX Total	750	ug/L	3.64	ug/L	Quarterly	No	0	None	0	No	No	No
BETX Any Sigle One	50	ug/L	3.64	ug/L	Quarterly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	ug/L	Quarterly	No	0	None	0	No	No	No
TPH	100	mg/L	0.687	mg/L	Quarterly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Sweetwater County Memorial Hospital

Observations for Period 7/1/2010 THRU 12/31/2010

Report more then 30 days late?	0	0	NO	NO	NO	No
Is report complete	0	0	NO	NO	NO	No
Date Observed	1/0/1900	1/0/1900	10/11/2010	11/10/2010	12/6/2010	1/6/2011
	July	August	September	October	November	December

Permit Parameter	Permit Limit		Measured Value							Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	0	0	7.5	7.3	DNR	7.4		Each Sample	Yes	1	Notice Of Violation	17%	No	No	No
BOD	5956.0	mg/L	0	0	2	83	90	209	mg/L	Monthly	No	0	None	0%	No	No	No
TSS	7603	mg/L	0	0	66	68	30	100	mg/L	Monthly	No	0	None	0%	No	No	No
Chloride	5281	mg/L	0	0	26	312	103	78	mg/L	Monthly	No	0	None	0%	No	No	No
Cd	0.005	mg/L	0	0	0.002	0.001	0.007	0.001	mg/L	Monthly	Yes	1	Notice Of Violation	17%	No	No	No
Cr III		mg/L	0	0	0.05	0.05	0.01	0.05	mg/L	Monthly	No	0	None	0%	No	No	No
Cu	1.06	mg/L	0	0	0.12	0.277	0.117	0.168	mg/L	Monthly	No	0	None	0%	No	No	No
Mo	0.245	mg/L	0	0	0.02	0.015	0.005	0.633	mg/L	Monthly	Yes	1	Notice Of Violation	17%	No	No	No
Ni	2.92	mg/L	0	0	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0%	No	No	No
Pb	1.81	mg/L	0	0	0.02	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0%	No	No	No
BETX Total	750	ug/L	0	0	DNR	5	5	5	ug/L	Monthly	Yes	1	Phone Call	17%	No	No	No
Benzene	50	ug/L	0	0	DNR	5	5	5	ug/L	Monthly	Yes	1	Phone Call	17%	No	No	No
TPH	100	mg/L	0	0	DNR	10	10	40	mg/L	Monthly	Yes	1	Phone Call	17%	No	No	No
FOG	100	mg/L	0	0	DNR	20	10	20	mg/L	Monthly	Yes	1	Phone Call	17%	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Sweetwater County Memorial Hospital

Observations for Period **10/1/2010** THRU **3/31/2011**

Report more then 30 days late?	NO	NO	No	NO		
Is report complete	NO	NO	No	NO		
Date Observed	11/10/2010	12/6/2010	1/6/2011	2/8/2010		
	October	November	December	January		

Permit Parameter	Permit Limit		Measured Value					Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	> 7.3	DNR	7.4	8.5			Each Sample	Yes	1	Notice Of Violation	16.66666667	No	No	No
BOD	5956.0	mg/L	83	90	209	73	mg/L	Monthly				0	No	No	No
TSS	7603	mg/L	68	30	100	40	mg/L	Monthly				0	No	No	No
Chloride	5281	mg/L	312	103	78	61	mg/L	Monthly				0	No	No	No
Cd	0.005	mg/L	0.001	0.007	0.001	0.001	mg/L	Monthly	Yes	1	Notice Of Violation	16.66666667	No	No	No
Cr III		mg/L	0.05	0.01	0.05	0.05	mg/L	Monthly				0	No	No	No
Cu	1.06	mg/L	0.277	0.117	0.168	0.186	mg/L	Monthly				0	No	No	No
Mo	0.245	mg/L	0.015	0.005	0.633	0.006	mg/L	Monthly	Yes	1	Notice Of Violation	16.66666667	No	No	No
NI	2.92	mg/L	0.01	0.01	0.01	0.01	mg/L	Monthly				0	No	No	No
Pb	1.81	mg/L	0.01	0.01	0.01	0.01	mg/L	Monthly				0	No	No	No
BETX Total	750	ug/L	5	5	5	5	ug/L	Monthly				0	No	No	No
Benzene	50	ug/L	5	5	5	5	ug/L	Monthly				0	No	No	No
TPH	100	mg/L	10	10	40	20	ug/L	Monthly				0	No	No	No
FOG	100	mg/L	20	10	20	10	mg/L	Monthly				0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Pomrenke Wireline Services Inc.

Observations for Period 10/1/2010 THRU 3/31/2011

Report more then 30 days late?	NO	NO	NO			
Is report complete	YES	YES	YES			
Date Observed	11/5/2010	12/10/2010	1/6/2011			
	October	November	December	January	Febuary	March

Permit Parameter	Permit Limit		Measured Value				Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	8	8	8.1		Each Sample				0	No	No	No
TSS	7603	mg/L	156	129	89	mg/L	Monthly				0	No	No	No
As	0.27	mg/L	0.005	0.005	0.005	mg/L	Monthly				0	No	No	No
Cr Total	5	mg/L	0.01	0.01	0.01	mg/L	Monthly				0	No	No	No
Cu	1.06	mg/L	0.02	0.04	0.02	mg/L	Monthly				0	No	No	No
Pb	1.81	mg/L	0.02	0.02	0.02	mg/L	Monthly				0	No	No	No
Ni	2.92	mg/L	0.01	0.01	0.01	mg/L	Monthly				0	No	No	No
Zn	7.18	mg/L	0.07	0.12	0.05	mg/L	Monthly				0	No	No	No
BETX Total	750	ug/L	1	1	1	ug/L	Monthly				0	No	No	No
BETX Any One	50	ug/L	1	1	1	ug/L	Monthly				0	No	No	No
Benzene	50	ug/L	1	1	1	ug/L	Monthly				0	No	No	No
TPH	100	mg/L	5	8	10	mg/L	Monthly				0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Pomrenke Wireline Services Inc.

Observations for Period 7/1/2010 THRU 12/31/2010

Report more then 30 days late?			No	No	No	NO	NO	NO									
Is report complete			Yes	Yes	Yes	YES	YES	YES									
Date Observed			8/10/2010	9/8/2010	10/1/2010	11/5/2010	12/10/2010	1/6/2011									
			July	August	September	October	November	December									
Permit Parameter	Permit Limit		Measured Value							Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	8.1	8	8.1	8	8	8.1		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	69	184	156	156	129	89	mg/L	Monthly	No	0	None	0	No	No	No
As	0.27	mg/L	0.005	0.005	0.005	0.005	0.005	0.005	mg/L	Monthly	No	0	None	0	No	No	No
Cr Total	5	mg/L	0.01	0.01	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Cu	1.06	mg/L	0.03	0.06	0.04	0.02	0.04	0.02	mg/L	Monthly	No	0	None	0	No	No	No
Pb	1.81	mg/L	0.02	0.02	0.02	0.02	0.02	0.02	mg/L	Monthly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.01	0.01	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Zn	7.18	mg/L	0.06	0.2	0.2	0.07	0.12	0.05	mg/L	Monthly	No	0	None	0	No	No	No
BETX Total	750	ug/L	1	1	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
BETX Any One	50	ug/L	1	1	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	1	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
TPH	100	mg/L	5	19	14	5	8	10	mg/L	Monthly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Pomrenke Wireline Services Inc.

Observations for Period 4/1/2010 THRU 9/30/2010

Report more then 30 days late?			No	No	No	No	No	No									
Is report complete			Yes	Yes	Yes	Yes	Yes	Yes									
Date Observed			5/10/2010	6/10/2010	7/8/2010	8/10/2010	9/8/2010	10/1/2010									
			April	May	June	July	August	September									
Permit Parameter	Permit Limit		Measured Value							Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	8	8	8	8.1	8	8.1		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	7	144	7	69	184	156	mg/L	Monthly	No	0	None	0	No	No	No
As	0.27	mg/L	0.005	0.005	0.005	0.005	0.005	0.005	mg/L	Monthly	No	0	None	0	No	No	No
Cr Total	5	mg/L	0.01	0.01	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Cu	1.06	mg/L	0.01	0.05	0.01	0.03	0.06	0.04	mg/L	Monthly	No	0	None	0	No	No	No
Pb	1.81	mg/L	0.02	0.02	0.02	0.02	0.02	0.02	mg/L	Monthly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.03	0.01	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Zn	7.18	mg/L	0.02	0.17	0.02	0.06	0.2	0.2	mg/L	Monthly	No	0	None	0	No	No	No
BETX Total	750	ug/L	1	1.3	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
BETX Any One	50	ug/L	1	1.3	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	1	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
TPH	100	mg/L	5	12	5	5	19	14	mg/L	Monthly	No	0	None	0	No	No	No

City of Rock Springs
Two Quarter SNC Calculation

Rock Springs

Pomrenke Wireline Services Inc.

Observations for Period 1/1/2010 THRU 6/30/2010

Report more then 30 days late?			No	No	No	No	No	No									
Is report complete			Yes	Yes	Yes	Yes	Yes	Yes									
Date Observed			2/9/2010	3/3/2010	4/9/2010	5/10/2010	6/10/2010	7/8/2010									
			Jan	Feb	March	April	May	June									
Permit Parameter	Permit Limit		Measured Value							Time Required	Violation	#	Action Taken	Viol/Obs x 100	> 33%? (Y/N)	> 66%? (Y/N)	Publish SNC (Y/N)
pH	5.0	>	7.72	8.1	8	8	8	8		Each Sample	No	0	None	0	No	No	No
TSS	7603	mg/L	88	28	5	7	144	7	mg/L	Monthly	No	0	None	0	No	No	No
As	0.27	mg/L	0.005	0.005	0.005	0.005	0.005	0.005	mg/L	Monthly	No	0	None	0	No	No	No
Cr Total	5	mg/L	0.01	0.01	0.01	0.01	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Cu	1.06	mg/L	0.02	0.01	0.01	0.01	0.05	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Pb	1.81	mg/L	0.02	0.02	0.02	0.02	0.02	0.02	mg/L	Monthly	No	0	None	0	No	No	No
Ni	2.92	mg/L	0.01	0.01	0.01	0.03	0.01	0.01	mg/L	Monthly	No	0	None	0	No	No	No
Zn	7.18	mg/L	0.07	0.18	0.02	0.02	0.17	0.02	mg/L	Monthly	No	0	None	0	No	No	No
BETX Total	750	ug/L	1	52	1	1	1.3	1	ug/L	Monthly	No	0	None	0	No	No	No
BETX Any One	50	ug/L	1	25	1	1	1.3	1	ug/L	Monthly	No	0	None	0	No	No	No
Benzene	50	ug/L	1	1	1	1	1	1	ug/L	Monthly	No	0	None	0	No	No	No
TPH	100	mg/L	16	5	5	5	12	5	mg/L	Monthly	No	0	None	0	No	No	No

CITY OF ROCK SPRINGS
SELF SAMPLING REPORTING FORM

NOTE: THIS REPORT IS DUE BY THE TENTH DAY OF THE MONTH FOLLOWING THE PERIOD (MONTH, QUARTER, SEMI-ANNUAL, ANNUAL PERIOD) FOR WHICH YOU ARE REPORTING.

NAME OF FACILITY REPORTING:_____

DATE OF REPORT:_____
MONTH DAY YEAR

PERIOD BEING REPORTED (MONTH, QUARTER, ETC...) _____

REPORTING PERIOD: FROM _____ TO _____

1. EFFLUENT FLOW AMOUNT FOR THE PERIOD REPORTING:_____ GPD GAL EST.
2. WATER METER READINGS FOR THE PERIOD REPORTING:_____
3. PEAK WATER USE FOR THE PERIOD REPORTING:_____ GPD GAL EST.
4. ESTIMATED WELL WATER USAGE FOR THIS PERIOD:_____ GPD GAL EST.
5. SHOW AND ATTACH ALL ADDITIONAL ANALYSIS RESULTS TAKEN BUT NOT REQUIRED.
6. INDICATE THE NUMBER OF TIMES YOUR FACILITY SAMPLED THEIR DISCHAGE THIS PERIOD:_____
7. INDICATE THE NUMBER DAYS YOUR FACILITY WAS IN OPERATION THIS PERIOD:_____
8. NAME OF LABORATORY PREPARING ANALYSIS:_____
9. ADDRESS OF LABORATORY:_____

   _____
10. PHONE # OF LABORATORY:_____ FAX # OF LABORATORY:_____
11. PERMIT NUMBER:_____ EXPIRATION DATE:_____
12. EPA TEST METHODS MUST BE USED AND SO INDICATED ON COMPLETED ANALYSIS SHEET.
13. PROVIDE A SIGNED COPY OF THE LAB CERTIFICATION DOCUMENT AND INCLUDE WITH EACH REPORT.
14. PROVIDE FLOW LOGS AND INCLUDE WITH EACH REPORT.
15. PROVIDE CHAIN OF CUSTODY FOR EACH SAMPLE EVENT AND INCLUDE WITH EACH REPORT.
16. PROVIDE COPIES OF ALL SAMPLE ANALYSIS AND INCLUDE IN EACH REPORT.
17. SHOW ALL TEST RESULTS ON THE NEXT PAGE AND INCLUDE THE SAMPLE DATES, TIMES AND SHOW THE SAMPLE CONTROL NUMBERS.

18. FILL IN BLANK SPACES PROVIDED FOR THOSE PARAMETERS LISTED (SEE PERMIT TEST REQUIREMENTS)

		Sample Date					
		Sample Time					
		Sample #					
Parameter Name	ABRV.	Local Limit					
pH Test Results	Ph	5.0 or above					
Beryllium	Be	0.043 mg/l					
Cadmium	Cd	<0.005 mg/l					
Copper	Cu	1.06 mg/l					
Molybdenum	Mo	0.245 mg/l					
Nickel	Ni	2.92 mg/l					
BETX	BETX	750 ug/L					
Benzene	Benzene	50 ug/L					
Total Petroleum Hydrocarbons	TPH	100.0 mg/l					

19. WAS YOUR FACILITY IN COMPLIANCE FOR THE PERIOD YOU ARE REPORTING:_____

20. IF YOUR FACIILITY WAS OUT OF COMPLIANCE, SHOW THE NUMBER DAYS:_____

21. INDICATE THE DATES YOUR FACILITY WAS OUT OF COMPLIANCE:_____

22. IF YOUR FACILITY WAS OUT OF COMPLIANCE, EXPLAIN WHY:_____

_____

_____

_____

23. NAME OF PERSON WHO COLLECTED SAMPLE:_____

24. PROVIDE COPIES OF METER CALIBRATION CERTIFICATION, (FOR FLOW METER, pH METER).

25. COMMENTS OR EXPLANATIONS:_____

_____

_____

_____

_____

CERTIFCATION BY PERMITTEE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF RESPONSIBLE COMPANY OFFICIAL:_____

PREINTED NAME OF RESPONSIBLE COMPANY OFFICIAL:_____

TITLE OF PERSON CERTIFYING REPORT:_____

DATE SIGNED:_____

PLEASE SUBMIT THIS REPORT TO: SPECIAL PROJECTS AND PROGRAMS COORDINATOR
CITY OF ROCK SPRINGS, 212 D STREET, ROCK SPRINGS, WY 82901

NOTE: REPORT IS DUE BY TENTH DAY OF MONTH FOLLOWING THE PERIOD FOR WHICH YOU ARE REPORTING. (LATE REPORTS ARE A VIOLATION)

(REVISED 01-05-11)

Industrial User Fact Sheet and Permit Rationale

Date: _____ Time: _____

Person filling out form: _____

Title: _____

A. BASIC INFORMATION ABOUT THE INDUSTRIAL USER:

Business Name: _____

Business Address: _____

Main Office Address: _____

Mailing Address: _____

Division Name: _____

Responsible Company Official: _____

Title of Responsible Company Official: _____

Name of Person(s) Contacted or in Contact with You: _____

Organization: _____

Telephone Number: _____

Fax Number: _____

E Mail Address: _____

If Industrial User is a Contractor who is the Owner of the Facility or Project: _____

Is a Waste Consultant retained ? Yes ( ) No ( )

Name: _____

Company: _____

Phone: _____ FAX: _____

B. DESCRIPTION OF THE INDUSTRIAL USER PROCESS, OPERATIONS, OR PROJECT:

Type of Business: _____

SIC Codes; _____ _____ _____ _____ _____

Industry Classification; IU, SIU, CIU: _____ PSES ( ) PSNS ( ) Source Category : _____

Explanation of Operation or Process's at facility: _____

C. INDUSTRIAL USER INFORMATION:

Have any of these forms or reports been received as of this date: Baseline Monitoring Report _____

Industrial Waste Survey _____ Permit Application Form _____ Lab Certification Document _____

Oil and Grease Survey _____ Self Monitoring Report _____ Industrial User Flow/Ph Log _____

Has Industrial User done any sampling and analysis: _____

Name of Laboratory preparing analysis: _____

Address of Laboratory: _____

Phone Number of Laboratory: (____) _____ Fax Number of Laboratory: (____) _____

D. TYPE AND QUANTITY OF DISCHARGES:

Volume of discharge per month: _____ Gallons

Average daily discharge flow rate: _____ GPD

Maximum daily discharge flow rate: _____ GPD

Has discharge flow meter been calibrated recently: _____

Last calibration date: _____

How often is the discharge flow meter calibration done: _____

Does facility use Surface Water _____ Well Water _____ Municipal _____ Reuse/Recycled Water _____

Other _____

_____

Volume of water usage per month: _____ Gallons

Water meter reading for the month: Begiinning: _____ Gallons Ending: _____ Gallons

Peak water use for the month: _____ Gallons Estimated well water usage for the month: _____ Gallons

Nature of discharge: _____

_____

E. BASIS FOR PERMIT LIMITS:

Does the facility require sampling, monitoring and permitting due to process's or nature of business activities: _____

Pollutants tested for and why : _____

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

Summary: _____

Effluent limits applied and basis for those limits: _____

Types of sampling required & documentation for that evaluation: _____

How often should sampling be performed at this site: Weekly _____ Monthly _____ Quarterly _____

Semi-Annually _____ Annually _____ Other _____

G. PERMITING INFORMATION

Permit Number: _____ Permit Effective Date: _____ Permit Expiration Date: _____

Permit Status: _____

Compliance Dates: _____

Other Special Requirements: _____

H. SPECIAL CONDITIONS AND OR REQUIREMENTS:

Describe any pretreatment system(s) used by the facility, include current and/or planned systems:

Is there a full time waste water treatment operator or pretreatment person? Yes ( ) No ( )

Is there a schedule for the installation of new pretreatment technology? Yes ( ) No ( )

Current Treatment or Pretreatment process or conditions: _____

Required new pretreatment: _____

Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: _____ When: _____

Why: _____

Summary information: _____

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

Location of Sampling Manhole or port: _____

Items of concern noted at first visit: _____

Is there a compliance problem or concern at this time? Yes ( ) No ( )

Emergency notification, of City or others , procedures posted ? Yes ( ) No ( ) N/A ( )

Is the operation ?:Continuous ( ) Batch ( ) Both ( )

Does the facility do any operational control testing ? Yes ( ) No ( ) N/A ( )

Describe the manner by which any residual solids are disposed of: _____

Is the sludge disposed of via a RCRA manifest and/or method ? Yes ( ) No ( ) N/A ( )

Waste Hauler Data:

1. Hauler: _____
   Hauler ID #: _____
2. Disposal Site: _____ Hour of operation: _____
3. Frequency: _____ Quantities: _____
4. Location of facility waste pick up site: _____

J. DOES FACILITY HOLD ANY OTHER PERMITS:

Permit Type	Permit Number	Issuing Agency	Expiration Date

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 10:30
Person Filling Out Form: Randy Conner
Title: Special Project and Programs Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Haliburton Energy Services
- Business Address: 1801 Blairtown Rd
- Main Office Address: Same
- Mailing Address: Same
- Division Name: Rock Springs Division
- Responsible Company Official: Steve Reeves
- Title of Responsible Company Official: Facility Supervisor
- Name of Person(s) Contacted of in Contact with You: Steve Reeves
- Organization: N/A
- Telephone Number: 307-352-8827 Fax Number: 307-352-8612
- E-Mail Address:
- If Industrial User is a Contractor who is the Owner of the Facility of Project: N/A
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Oil Field Service
- SIC Codes: , 1389,
- Industry Classification: SIU PSES☒ PSNS☐ Source Category: N/A
- Explanation of Operation or Process's at Facility: Provide equipment maintenance, truck washing, warehouseing, materials and administrative support for field operations (servicing gas/oil wells).

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes
- Name of Laboratory: Energy Laboratories
- Address of Laboratory: 2393 Salt Creek Highway Casper, WY 82602-3258
- Phone Number: 307-235-0515 Fax Number: 307-234-1639

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 22,500 x 30 = 675,000 Gallons

- Average Daily Discharge Flow Rate: 22,500 GPD
- Maximum Daily Discharge Flow Rate: 29,552 GPD
- Has Discharge Flow Meter been Calibrated Recently: NO
- Last Calibration Date: Past Due
- How often is the Dishcarge Flow Meter Calibration done: Every 6 months
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☒ Reuse/Recycled Water ☐ Other: N/A
- Volume of Water Usage per Month: 403,000 Gallons
- Water Meter reading for the Month: Beginning 1985140 Ending 2035390
- Peak Water Use for the Month: 16,424 Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Wash bay, Offices, Maintenance shop, and Warehouse

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, TSS, Cd, Cu, Pb, Mo, Ni, Se, Zn, BETX, Benzene and TPH

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Process of elimination though testing
- Effluent limits applied and basis for those limits: Standard oil field wash bay perameters
- Types of sampling required & documentations for that evaluation: Composite, 24-hour operations
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 03-07-043 Permit Status: Current
- Permit Effective Date: 6/12/2009 Permit Expiration Date: 6/12/2011
- Compliance Dates: 4/30/2007 Flow Meter, 4/23/2007 Slug Spill Plan, 5/10/2007 SMR
- Other Special Requirements: Electronic Field pH, Calibration Statement

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Sump Box, Sand/Oil interceptor, and 5 Ultaricep Units
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Exellent
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: Yes
- When: 4/23/2007

- Why: Previous History
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: Manhole at North West Side of Maintence Building. Located at the North West corner on the edge of the concrete
- Items of concern noted at first visit: Discharge from wash bay, volume of discharge, and operation of treatment systems.
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☒ No ☐ N/A ☐
- Is the Operations? Continuous ☒ Batch ☐ Both ☐
- Does the facility do any operation control testing? Yes ☐ No ☒ N/A ☐
- Describe the manner by which any residual solids are disposed of: Dried on site and hauled to landfill.
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☒ No ☐ N/A ☐
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
Air Permit Waiver	Ap-4240	WY-DEQ	Iss. 2/2/06
EPA RCRA	ID No. WYR000203372	EPA	Iss. 4/20/05
Storm Water Permit	WYR001156	WY-DEQ	Iss. 12/22/06

Signature of Person Completing Form: Randy Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 12:30
Person Filling Out Form: Randy Conner
Title: Special Projects and Programs Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Weatherford U.S.L.P.
- Business Address: 6401 Foothill Blvd Rock Springs, WY 82901
- Main Office Address: Texas
- Mailing Address: P.O. Box 69 Rock Springs, WY 82902
- Division Name: Rock Springs
- Responsible Company Official: Trin Maycock
- Title of Responsible Company Official: District Manager
- Name of Person(s) Contacted of in Contact with You: Trin Maycock
- Organization: Rock Springs Office
- Telephone Number: 307-362-5664 Fax Number: 307-362-6862
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: N/A
- Is a Waster Consultant Retained? Yes ☒ No ☐
- Name: CB Jacobson
- Company: Weathford
- Phone: 801-367-3945 Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Oil Field Service
- SIC Codes: , 1389,
- Industry Classification: IU PSES☒ PSNS☐ Source Category: N/A
- Explanation of Operation or Process's at Facility: Oil field services, fishing, rental, inspection, testing of equipment, washing, preparation, painting of equipment used in oil field. Approxamatly 3 Units per day.

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒
  Permit Application Form ☒
  Lab Certification Document ☒
  Oil and Grease Survey ☐
  Self Monitoring Report ☒
  Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes
- Name of Laboratory: SPL Houston Laboratory
- Address of Laboratory: 8880 Interchage Dr Houston, TX 77054
- Phone Number: 713-660-0901 Fax Number: N/A

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 8100 Gallons

- Average Daily Discharge Flow Rate: 270 GPD
- Maximum Daily Discharge Flow Rate: 300 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 7/2/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annually
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☒ Reuse/Recycled Water ☐ Other: N/A
- Volume of Water Usage per Month: 15,870 Gallons
- Water Meter reading for the Month: Beginning 2196746 Ending 2210794
- Peak Water Use for the Month: 9,300 Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Equipment washing

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☐ No ☒
- Pollutants tested for and why: N/A

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Oil field service company with standard oil field discharge for equipment maintenance.
- Effluent limits applied and basis for those limits: Process of Elimination, Standard oil field service limits.
- Types of sampling required & documentations for that evaluation: Grab due to intermittent and low flows.
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 05-03-026 Permit Status: Current
- Permit Effective Date: 5/7/2009 Permit Expiration Date: 5/7/2012
- Compliance Dates: 7/10/2011 Flow meter Cal, 4/10/2011 SMR,
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Sump box, Coallesser System
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Adeaquate
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: North west corner of treatment room on effluent pipe.
- Items of concern noted at first visit: N/A
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☒ No ☐ N/A ☐
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☐ No ☒ N/A ☐
- Describe the manner by which any residual solids are disposed of: Dried and disposed of at landfill
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☒ No ☐ N/A ☐
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date

Signature of Person Completing Form: Ronald Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 12:15
Person Filling Out Form: Randy Conner
Title: Special Projects and Programs Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Pomrenke Wireline Services
- Business Address: 1 A Bowker Rd
- Main Office Address: Same
- Mailing Address: P.O. Box 1934
- Division Name:
- Responsible Company Official: Steve Hunter
- Title of Responsible Company Official: Facility Manager
- Name of Person(s) Contacted of in Contact with You: Same
- Organization:
- Telephone Number: 382-5281 Fax Number: 382-5283
- E-Mail Address:
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Pomrenke Inc.
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Oil Field Business
- SIC Codes: 1, 1389,
- Industry Classification: IU PSES☒ PSNS☐ Source Category: N/A
- Explanation of Operation or Process's at Facility: Field Work, Shop Equipment & Vehicle Mounted Unit Repair, Minor equipment washing.

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes, Monthly
- Name of Laboratory: IML
- Address of Laboratory: 1673 Terra Ave Sheridan, WY 82801
- Phone Number: 307-672-8945 Fax Number: N/A

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 1,547 Gallons

- Average Daily Discharge Flow Rate: 50 GPD
- Maximum Daily Discharge Flow Rate: 109 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 12/21/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annually
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☒ Reuse/Recycled Water ☐ Other:
- Volume of Water Usage per Month: 15,547 Gallons
- Water Meter reading for the Month: Beginning 521.21/796.27 Ending 534.00/804.17
- Peak Water Use for the Month: 3,379 Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Equipment and Vehicle Wash, Domestic Waste

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, TSS, As, Cr Total, Cu, Pb, Ni, Zn, BETX, Benzene, TPH

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Pollutants Normally Associated with this Type of Oil Field Work, Process of Elimination
- Effluent limits applied and basis for those limits: pH, TSS, As, Cr Total, Cu, Pb, Ni, Zn, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, Due to intermittent and low flows
- How often should sampling be performed at this site? Monthly

G. PERMITING INFORMATION:

- Permit Number: 09-07-046 Permit Status: Current
- Permit Effective Date: 9/1/2009 Permit Expiration Date: 9/1/2011
- Compliance Dates: 7/2011 Flow calibration, 9/1/2009 SMR, 2/10/2011 SMR, 6/1/2011 Permit Application
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Sump box, Sand/Oil Interceptor Unit
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Oil/Sand Interceptor Unit
- Required new pretreatment: None

- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: Yes, On File
- When: 8/13/2011
- Why: Caused blockage of Manhole
- Summary Information: Manhole blockage violation cause issuance of permit and limits

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At End of Interceptor on South side of building
- Items of concern noted at first visit: Poor conditions of sump system, needed oil/sand interceptor unit, lack of control monitoring of waste.
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☒ No ☐ N/A ☐
- Is the Operations? Continuous ☐ Batch ☐ Both ☒
- Does the facility do any operation control testing? Yes ☐ No ☒ N/A ☐
- Describe the manner by which any residual solids are disposed of: Trap to drying bed, drying bed to Disposal at Landfill – (Dried in Drying Bed)
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☒ No ☐ N/A ☐
- Waste Hauler Data:
  i. Hauler: Pomrenke
  ii. Hauler ID #: N/A
  iii. Disposal Site: County Land Fill — Hours of Operation: 8 am to 5 pm
  iv. Frequency: Semi-Annually — Quantities: 8 Cubic Feet
  v. Location of Facility waste pick up site: On-Site

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	NONE		

Signature of Person Completing Form: Kenneth Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 1/28/2011 Time: 0830
Person Filling Out Form: Brian Leum, Randy Conner
Title: Pretreatment Specialist

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: B.J. Services Company Inc.
- Business Address: 1965 Blairtown Rd RS, WY 82901
- Main Office Address:
- Mailing Address: P.O. Box 2148 RS, WY 82901
- Division Name: Rock Springs Division
- Responsible Company Official: Robert Kibler
- Title of Responsible Company Official: Facility Supervisor
- Name of Person(s) Contacted of in Contact with You: Alan Jenkins, Joann Cobb, Dan Dells
- Organization:
- Telephone Number: 307-382-3484 Fax Number:
- E-Mail Address:
- If Industrial User is a Contractor who is the Owner of the Facility of Project:
- Is a Waster Consultant Retained? Yes ☒ No ☐
- Name: Alan Jenkins
- Company: Wilson Enviromental
- Phone: 801-377-4532 Fax Number:

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Oil Field
- SIC Codes: 1, 1389,
- Industry Classification: IU PSES ☒ PSNS ☐ Source Category:
- Explanation of Operation or Process's at Facility: Cementing and Stimulation of oil and gas wells, Wash company vehicles at facility.

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒
  Permit Application Form ☒
  Lab Certification Document ☒
  Oil and Grease Survey ☐
  Self Monitoring Report ☒
  Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes
- Name of Laboratory: Enviropro Laboratories
- Address of Laboratory: 2712 South 3600 West, Suite E West Valley, UT 84119
- Phone Number: 801-964-2511 Fax Number: 801-964-2721

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 58570 Gallons

- Average Daily Discharge Flow Rate: 1910 GPD
- Maximum Daily Discharge Flow Rate: 6600 GPD
- Has Discharge Flow Meter been Calibrated Recently: Choose an item.
- Last Calibration Date: Click here to enter a date.
- How often is the Dishcarge Flow Meter Calibration done: Every 6 Months
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☒ Reuse/Recycled Water ☐ Other:
- Volume of Water Usage per Month: 1026520 Gallons
- Water Meter reading for the Month: Beginning 973270 Ending 992240
- Peak Water Use for the Month: 8377 Gallons
- Estimated Well Water Usage for the Month: - Gallons
- Nature of Discharge: Truck Washing, Testing Lab

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, TSS, Cd, Mo, Ni, Betx (Total), Be, TPH. Originally all local limits were tested for.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: City tested for a spectrum of local limits twice in 6 months and determined current limits applied due to test results and pollutants of concern.
- Effluent limits applied and basis for those limits: These are the basic test parameters for oil field work related business
- Types of sampling required & documentations for that evaluation:
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 04-96-032 Permit Status: Current
- Permit Effective Date: 9/18/2009 Permit Expiration Date: 9/18/2011
- Compliance Dates: Quarterly SMR, Semi-Annual flow meter calibrations.
- Other Special Requirements: Daily flow meter reports.

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems:
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Inside multi chambered sump system, outside oil-water separator unit.

- Required new pretreatment:
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: Yes
- When: At original permit issue
- Why: Caused previous problems
- Summary Information:

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: Southwest corner of their lot.
- Items of concern noted at first visit: Washbay, Testing lab, Maintenance shop, and Chemical Building
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☒ No ☐ N/A ☐
- Is the Operations? Continuous ☒ Batch ☐ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: Solids from sumps are dried in beds on site and hauled to landfill.
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☒ No ☐ N/A ☐
- Waste Hauler Data:
    - i. Hauler:
    - ii. Hauler ID #:
    - iii. Disposal Site: _ Hours of Operation:
    - iv. Frequency: _ Quantities:
    - v. Location of Facility waste pick up site:

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	NA		

Signature of Person Completing Form [signature]

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:10
Person Filling Out Form: Randy Conner
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon RS-1
- Business Address: 1301B N. Elk St (WyDot South) Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes: 1, 1389,
- Industry Classification: IU PSES ☐ PSNS ☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒
  Permit Application Form ☒
  Lab Certification Document ☒
  Oil and Grease Survey ☐
  Self Monitoring Report ☒
  Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913-599-5665 Fax Number: 913-599-1759

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 130 Gallons
- Average Daily Discharge Flow Rate: 4.5 GPD

- Maximum Daily Discharge Flow Rate: 25 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 11/5/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-033 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: Randy Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 14:00
Person Filling Out Form: Randy Conner
Title: Special Project and Programs Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Sweetwater County Memorial Hospital
- Business Address: 1200 College Dr Rock Springs, WY 82901
- Main Office Address: Same
- Mailing Address: P.O. Box 1359 Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: Darryn Ahcall
- Title of Responsible Company Official: Maintenance Manager
- Name of Person(s) Contacted of in Contact with You: Darryn Ahcall 307-352-8239
- Organization: N/A
- Telephone Number: 307-362-3711 Fax Number: 307-362-8391
- E-Mail Address: dachall@minershospital.org
- If Industrial User is a Contractor who is the Owner of the Facility of Project: N/A
- Is a Waster Consultant Retained? Yes ☒ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Healthcare, Medical Treatment Center
- SIC Codes: , 8062,
- Industry Classification: SIU PSES ☒ PSNS ☐ Source Category: N/A
- Explanation of Operation or Process's at Facility: General hospital duties, Lab work, X-Ray, Radiology, Auto Claving, Paitent Care, Doctors Offices, Pharmacy, and Kitchen/Resturant.

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done and Sampling and Analysis: Yes
- Name of Laboratory: Inter-Mountain Laboratories
- Address of Laboratory: 555 Absaraka St Sheridan, WY 82801
- Phone Number: 307-674-7506 Fax Number: N/A

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 388,500 Gallons

- Average Daily Discharge Flow Rate: 12,532 GPD
- Maximum Daily Discharge Flow Rate: 18,364 GPD
- Has Discharge Flow Meter been Calibrated Recently: NO City Water Meter
- Last Calibration Date: N/A
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annually
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☒ Reuse/Recycled Water ☐ Other: N/A
- Volume of Water Usage per Month: 388,500 Gallons
- Water Meter reading for the Month: Beginning 11219/2572 Ending 37254/2831
- Peak Water Use for the Month: 18,364 Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Standard Hospital Waste, Domestic Waste

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, BOD, TSS, Chloride, Cd, Cr III, Cu, Mo, Ni, Pb, BETX, Benzene, TPH, FOG, Process of elimination, Application of common hospital monitoring parameters.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Hospital was initially permitted due to FOG in City sewer line. And flow greater then 25,000 GPD
- Effluent limits applied and basis for those limits: pH, BOD, TSS, Chloride, Cd, Cr III, Cu, Mo, Ni, Pb, BETX, Benzene, TPH, FOG
- Types of sampling required & documentations for that evaluation: Composite/Grab
- How often should sampling be performed at this site? Monthly

G. PERMITING INFORMATION:

- Permit Number: 09-96-014 Permit Status: Current
- Permit Effective Date: 12/29/2010 Permit Expiration Date: 8/13/2012
- Compliance Dates: 2/10/2011 SMR, 10/11/2010 Spill Slug Plan, 6/10/11 Permit Review.
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Oil/Grease intercepter unit, Floor Sinks and Neutralization Units in Lab, Auto Clave.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☐ No ☒
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good

- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: Yes
- When: 10/11/2010
- Why: Possible Metals and other Contaminants
- Summary Information: Standard concerns for hospital discharge.

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: South side of facility next to facility sign. Approximately 25 feet off of the west side of the enterance roadway
- Items of concern noted at first visit: Shop, Incinerator, Morgue, Operating Rooms, Pharmaceutical Disposal.
- Is there a compliance problem or concern at this time? Yes ☒ No ☐
- Emergency notification, of City or others, procedures posted? Yes ☒ No ☐ N/A ☐
- Is the Operations? Continuous ☒ Batch ☐ Both ☐
- Does the facility do any operation control testing? Yes ☐ No ☒ N/A ☐
- Describe the manner by which any residual solids are disposed of: Grease Hauled by local Contractor
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: Independent Enterpises Inc.
  ii. Hauler ID #: N/A
  iii. Disposal Site: City WWTP — Hours of Operation: 7 am to 4 pm
  iv. Frequency: Quarterly — Quantities: 2000 Gallons
  v. Location of Facility waste pick up site: Hospital Site

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
Notification of Regulated Waste	WY0000882829	DEQ/EPA	Lifetime

Signature of Person Completing Form: Kandy Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:30
Person Filling Out Form: Randy Conner
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon RS-3
- Business Address: 1318 ½ N. Elk St Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes:1389,
- Industry Classification: IU PSES☐ PSNS☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done any Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913-599-5665 Fax Number: 913-599-1759

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 320 Gallons
- Average Daily Discharge Flow Rate: 10 GPD

- Maximum Daily Discharge Flow Rate: 260 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 11/12/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-035 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: Kandy Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:40
Person Filling Out Form: Randy Conner
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon RS-7
- Business Address: 1627 ½ N. Elk St (McDonalds/Phillps 66 Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes:1389,
- Industry Classification: IU PSES☐ PSNS☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done any Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913-599-5665 Fax Number: 913-599-1759

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 10,290 Gallons
- Average Daily Discharge Flow Rate: 403 GPD

- Maximum Daily Discharge Flow Rate: 4,370 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 11/12/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-038 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: Randy Cooney

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:40
Person Filling Out Form: Randy Conner
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon RS-8
- Business Address: 1620 ½ N. Elk St (Outlaw Texaco) Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes:1389,
- Industry Classification: IU PSES☐ PSNS☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done any Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913-599-5665 Fax Number: 913-599-1759

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 350 Gallons
- Average Daily Discharge Flow Rate: 19 GPD

- Maximum Daily Discharge Flow Rate: 290 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 11/12/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-039 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: Randy Conner

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:40
Person Filling Out Form: Randy Conner
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon RS-17
- Business Address: 1400 ½ N. Elk St (Former Elk 30 Texaco) Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes:1389,
- Industry Classification: IU PSES ☐ PSNS ☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done any Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913.599.5665 Fax Number: 913.599.1759

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 22,250 Gallons
- Average Daily Discharge Flow Rate: 718 GPD

- Maximum Daily Discharge Flow Rate: 10,720 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 11/8/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-041 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
    i. Hauler: N/A
    ii. Hauler ID #: N/A
    iii. Disposal Site: N/A
    iv. Frequency: N/A
    v. Location of Facility waste pick up site: N/A

Hours of Operation: N/A
Quantities: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: [signature]

City of Rock Springs
Industrial User Fact Sheet and Permit Rationale

Date: 2/9/2011 Time: 13:40
Person Filling Out Form: Randy Cooper
Title: Special Projects and Program Coordinator

A. BASIC INFORMATION ABOUT THE INDUSTRUAL USER:

- Business Name: Terracon B5-19
- Business Address: 151 ½ Industrial Dr (Fleischli Oil) Rock Springs, WY 82901
- Main Office Address: 1509 Elk St Rock Springs, WY 82901
- Mailing Address: 1509 Elk St Rock Springs, WY 82901
- Division Name: Rock Springs
- Responsible Company Official: John Graves
- Title of Responsible Company Official: Project Manager
- Name of Person(s) Contacted of in Contact with You: Richard Toleman
- Organization: N/A
- Telephone Number: 307-362-1450 Fax Number: 307-362-1657
- E-Mail Address: N/A
- If Industrial User is a Contractor who is the Owner of the Facility of Project: Tri-Hydro
- Is a Waster Consultant Retained? Yes ☐ No ☒
- Name: N/A
- Company: N/A
- Phone: N/A Fax Number: N/A

B. DESCRIPTION OF THE INDUSTRUAL USER PROCESS, OPERATIONS, OR PROJECT:

- Type of Business: Ground Water Treatment/LUST Cleanup Site
- SIC Codes:1389,
- Industry Classification: IU PSES ☐ PSNS ☒ Source Category: N/A
- Explanation of Operation or Process's at Facility: Groundwater Cleanup Site

C. INDUSTRIAL USER INFORMATION:

- Check all Forms or Reports that have been Received as of this Date:
  Baseline Monitoring Report ☒
  Industrial Waste Survey ☒ Permit Application Form ☒ Lab Certification Document ☒
  Oil and Grease Survey ☐ Self Monitoring Report ☒ Industrial User Flow/pH Log ☒
- Has Industrial User done any Sampling and Analysis: Yes
- Name of Laboratory: Pace Analytical Services Inc.
- Address of Laboratory: 9608 Loriret Blvd. Lenexa, KS 66219
- Phone Number: 913-599-5665 Fax Number: 913-599-1385

D. TYPE AND QUANTITY OF DISCHARGES:

- Volume of Discharge per Month: 7,010 Gallons
- Average Daily Discharge Flow Rate: 226 GPD

- Maximum Daily Discharge Flow Rate: 4,000 GPD
- Has Discharge Flow Meter been Calibrated Recently: YES
- Last Calibration Date: 10/12/2010
- How often is the Dishcarge Flow Meter Calibration done: Semi-Annualy
- Does the Facility use: Surface Water ☐ Well Water ☐ Municipal ☐ Reuse/Recycled Water ☐ Other: No Water Use
- Volume of Water Usage per Month: N/A Gallons
- Water Meter reading for the Month: Beginning N/A Ending N/A
- Peak Water Use for the Month: N/A Gallons
- Estimated Well Water Usage for the Month: N/A Gallons
- Nature of Discharge: Treated Groundwater

E. BASIS FOR PERMIT LIMITS:

- Does the facility require sampling, monitoring and permitting due to process's or nature of business activities? Yes ☒ No ☐
- Pollutants tested for and why: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH. Parameters determined through process of elimination and from original test data.

F. RATIONALE FOR POLLUTANT SELECTION AND LIMITS DEVELOPMENT/APPLICATION:

- Summary: Parameters determined through process of elimination and from original test data.
- Effluent limits applied and basis for those limits: pH, Be, Cd, Cu, Mo, Ni, Pb, Se, BETX, Benzene, TPH
- Types of sampling required & documentations for that evaluation: Grab, due to low and intermittent flows
- How often should sampling be performed at this site? Quaterly

G. PERMITING INFORMATION:

- Permit Number: 12-05-042 Permit Status: Current
- Permit Effective Date: 12/1/2009 Permit Expiration Date: 12/1/2011
- Compliance Dates: 4/10/2011 SMR, 7/10/2011 Flow Meter Calibration
- Other Special Requirements: N/A

H. SPECIAL CONDITIONS AND/OR REQUIREMENTS:

- Describe and pretreatment system(s) used by the facility, include current and/or planned systems: Seperation, Filtration, and Air Striping with free product removal. Stand alone treatment system.
- Is there a full time waste water treatment operator or pretreatment person? Yes ☒ No ☐
- Is there a schedule for the installation of new pretreatment technology? Yes ☐ No ☒
- Current Treatment of Pretreatment process or conditions: Good
- Required new pretreatment: N/A
- Is a Spill Control and Counter Measure Plan (Accidental, Etc.) Required: No

- When: N/A
- Why: N/A
- Summary Information: N/A

I. MISCELLANEOUS INDUSTRIAL USER AND FACILITY INFORMATION:

- Location of Sampling Manhole or Port: At Site inside building at sample port
- Items of concern noted at first visit: None
- Is there a compliance problem or concern at this time? Yes ☐ No ☒
- Emergency notification, of City or others, procedures posted? Yes ☐ No ☐ N/A ☒
- Is the Operations? Continuous ☐ Batch ☒ Both ☐
- Does the facility do any operation control testing? Yes ☒ No ☐ N/A ☐
- Describe the manner by which any residual solids are disposed of: No Solids
- Is the sludge disposed of via a RCRA manifest and/or method? Yes ☐ No ☐ N/A ☒
- Waste Hauler Data:
  i. Hauler: N/A
  ii. Hauler ID #: N/A
  iii. Disposal Site: N/A — Hours of Operation: N/A
  iv. Frequency: N/A — Quantities: N/A
  v. Location of Facility waste pick up site: N/A

J. DOES FACILITY HOLD AND OTHER PERMITS

Permit Types	Permit Number	Issuing Agency	Expiration Date
	N/A		

Signature of Person Completing Form: Rudy Cortez

March 14, 2005

Randy Conner
Special Projects and Programs Coordinator
Wastewater Treatment Plant
212 D Street
Rock Springs, Wyoming 82901

Dear Randy:

In reply to your letter, NOTICE OF VIOLATION to MEMORIAL HOSPITAL of SWEETWATER COUNTY, an investigation was completed to locate the source of the high levels of Mo (Molybdeum).

During the course of the investigation, no single source for the high level of Mo (Molybdeum) was identified. The high level was most likely due to mishandling of the sample or sampling process. Since the sampling process is completed by maintenance personnel they have been instructed, prior to and during the drawing of the water sample, that rubber gloves are to be worn to prevent any contamination from getting inside the sample bottle.

Memorial Hospital of Sweetwater County, in its efforts to prevent these types of violations from occurring, has a Standard Operating Procedure for handling all Hazardous Materials/Waste Management Plan used within the facility. A copy of Memorial Hospital of Sweetwater County's Hazardous Material/Waste Management Plan is attached.

If further information is needed regarding this NOTICE OF VIOLATION, or its contents, please contact Rick Westphalen, Supervisor Plant Operations at 352-8443.

Sincerely,

Doug Gilchrist
Director of Facilities Support Services

MEMORIAL HOSPITAL OF SWEETWATER COUNTY
1200 COLLEGE DRIVE • P.O. BOX 1359 • ROCK SPRINGS, WYOMING 82902
(307) 362-3711 • FAX (307) 362-8391 • (307) 875-7730
A STEP INTO THE FUTURE WITH EXCELLENCE IN HEALTH CARE

Memorial Hospital of Sweetwater County

HAZARDOUS MATERIAL/WASTE MANAGEMENT PLAN

PURPOSE

The mission of Memorial Hospital of Sweetwater County (MHSC) is to improve the health of the people of Sweetwater County by providing cost effective, quality health and hospital services. Consistent with this mission, the Board of Trustees, medical staff, and administration have established, and provide, ongoing support for the Hazardous Material and Waste Management program described in this plan.

The purpose of the Hazardous Materials and Waste Management Plan is to identify and manage materials known to have the potential to harm humans or the environment. The plan includes processes designed to minimize the risk of harm. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures.

SCOPE

The Hazardous Materials and Wastes Management Program is designed to address the risks the variety of substances addressed in this plan pose to the environment of MHSC and to the patients, staff, and visitors of the organization. The program is also designed to assure compliance with applicable codes and regulations.

Definitions
For the purpose of this plan, the term *Hazardous Material/Waste* refers to any substance whose handling, use and storage is guided or defined by local, state or federal regulation. This includes hazardous vapors as well as hazardous energy sources.

The program is applied to the hospital and remote clinic of Memorial Hospital of Sweetwater County.

FUNDAMENTALS

- The scope of the hazardous materials and wastes management program is determined by the materials in use and the wastes generated by the hospital.
- Hazards associated with materials and wastes are defined by law or regulation and are identified in Material Safety Data Sheets (MSDS) or similar documents provided by suppliers and manufacturers.
- Safe use of hazardous materials and handling of waste requires participation by Department Heads and other appropriate staff in the design and implementation of all parts of the plan.
- Protection from hazards requires all staff that use or are exposed to hazardous materials and wastes to become educated to the nature of the hazards and to use equipment provided for safe use and handling when working with or around hazardous materials and waste.
- Rapid effective response is required if a spill, release or exposure to a hazardous material and waste

occurs.

- Segregation of hazardous wastes at the point of generation is an effective means of controlling the potential for exposures or spills during collection, transport, storage and disposal.
- Special monitoring processes or systems may be required to manage certain gases, vapors, or radiation undetectable by humans.

OBJECTIVES

1. Use standardized criteria to identify and classify those types of hazardous materials and wastes in use within the hospital.
2. Maintain departmental inventories of chemicals, chemotherapeutic agents, radioactive materials, sharps, gases or vapors or biological materials that may pose a risk to staff, patients or visitors, or the environment.
3. Maintain current material safety data sheets or similar information for hazardous materials for staff and emergency medical care providers.
4. Maintain areas where hazardous materials or waste are used stored, or disposed.
5. Provide training for staff that handle or use hazardous materials or waste.
6. Provide appropriate collection containers and storage areas for hazardous wastes.
7. Segregate hazardous wastes at the point of generation and during storage.
8. Maintain required records, manifests and other documentation pertaining to activities of the program.
9. Monitor or measure staff exposure levels required by regulation.
10. Prepare action plans for accidental exposures, spills or releases of hazardous materials or waste.
11. Use performance information to identify key problems, failures and user errors that require attention and action.
12. Measure performance using relevant standards and report findings to the Safety Committee.
13. Identify opportunities to improve program performance, emergency response or staff training.
14. Conduct an annual evaluation of the scope, objectives, performance and effectiveness of the program and report the findings to the Safety Committee.

ORGANIZATION AND RESPONSIBILITY

The Board of Trustees receives regular reports on the activities of the Hazardous Materials and Waste Program from the Safety Committee. The Board of Trustees review reports and, as appropriate, communicates concerns about identified issues and regulatory compliance. The Board of Trustees provides support to facilitate the ongoing activities of the Hazardous Materials and Waste Program.

The CEO receives regular reports of the current status of the Hazardous Materials and Wastes Program through the Safety Committee. The CEO reviews the report and, as necessary, communicates concerns about key issues and regulatory compliance to the Safety Officer for Hazardous Materials. The CEO collaborates with the Safety Officer for Hazardous Materials to establish operating and capital budgets for the Hazardous Materials and Waste Program.

The Director of Environmental Services acts as the Safety Officer for Hazardous Materials and works under the general direction of the Assistant Executive Director for Support Services. The Director of Environmental Services, along with the Safety Committee, is responsible for managing all aspects of the Hazardous Materials and Waste Program.

Department Heads are responsible for orienting new personnel to the department and, as appropriate, to job and task specific uses of hazardous material or wastes. When necessary, the Director of Environmental Services will provide assistance.

Individual personnel are responsible for learning and following job and task specific procedures for safe handling and use of hazardous materials and wastes.

PROCESSES OF THE HAZARDOUS MATERIALS AND WASTES PLAN

A. Selection and Acquisition

The head of each department with an inventory of hazardous materials is responsible for managing the safe storage, handling, use and disposal of them. Each Department Head is responsible for evaluating Material Safety Data Sheets for hazards before purchase of departmental supplies. Department Heads are responsible for working with the Director of Environmental Services to develop procedures for handling of hazardous materials.

The manager of each department with an inventory of hazardous or regulated materials is responsible for managing the safe storage and handling them. Each manager is responsible for reviewing Material Safety Data Sheets to identify appropriate disposal methods. The Maintenance Supervisor, the Director of Housekeeping and the Radiation Safety Officer share responsibility for the disposal of hazardous wastes. Chemical, chemotherapeutic and medical waste is transported by contractors. Radioactive waste is allowed to decay below background radiation in a hot room and then is disposed as ordinary waste.

B. Inventory

The head of each department handling hazardous materials is responsible for managing the inventory and for performing an evaluation of products to identify hazards. The findings are communicated to departmental personnel who will be impacted by the product and to the Director of Environmental Services. Each Department Head is responsible for maintaining the departmental inventory of hazardous

materials. The Materials Management Department maintains a master inventory. Department inventories are updated at least annually.

C. Waste Handling

The Housekeeping Supervisor is responsible for managing hazardous and regulated waste streams. The wastes generated by MHSC include chemical, chemotherapeutic, radioactive and medical/infectious waste.

The engineering, housekeeping, laboratory and radiation therapy departments generate the majority of regulated hazardous waste in the hospital. The Housekeeping Supervisor and the Infection Control Coordinator are responsible for developing procedures for handling hazardous waste. Department Heads are responsible for enforcing these procedures.

MHSC maintains facilities where waste is held until transport by contractor. An outside storage facility is provided for medical/infectious waste. A detached storage building is provided for chemical waste. A hot room is provided for decay of radioactive waste.

D. Space Management

The Director of Materials Management and Maintenance Supervisor are responsible for managing the program for providing appropriate space for handling and storage of hazardous materials and waste. The appropriateness of space is evaluated annually. The findings of an evaluation of the appropriateness of space are communicated to the Director of Environmental Services, who in turn reports to the Safety Committee.

The appropriateness of space for handling and storage of hazardous materials and waste is also evaluated as part of the hazard surveillance program. The intent of evaluating these issues during hazard surveillance is to determine if current conditions and practices support safe handling and storage of hazardous materials and waste.

Department Heads are responsible for initiating action on findings related to the appropriate use of handling and storage spaces in their areas of responsibility.

The Director of Environmental Services provides the Safety Committee with reports of findings and follow up action related to appropriate use of space as determined through the hazard surveillance program.

E. Incident Reporting

The Risk Manager is responsible for managing the incident reporting program.

The Hazardous Materials and Waste Program utilizes the *Supervisor's Investigation of Employee Accident* form to document different types of incidents. The Department Head, or designee, where the incident occurred is responsible for completing the form and forwarding it to the Risk Manager. The Risk Manager is responsible for involving all parties he deems appropriate, including the Director of Environmental Services, in the investigation process. In addition, the Risk Manager is responsible for notifying all pertinent regulatory agencies of any reportable incidents. Any reports of hazardous materials and waste incidents are communicated to the Safety Committee.

In all cases where a spill is involved, the Director of Environmental Services and the department manager where the spill occurred will receive a copy of the findings from the investigation. The Risk Manager maintains original documentation of all incidents.

The Director of Environmental Services is responsible for developing recommendations based on the conclusions of the investigation, and for taking appropriate action to implement any recommendations developed.

The Risk Manager is responsible for performing a quarterly analysis of incidents. The incident analysis provides an opportunity to identify trends or patterns to be used to determine if changes to the Hazardous Materials and Wastes Program could control or prevent future occurrences. The results of the analysis are reported to the Safety Committee.

F. Gas Monitoring

Department Heads are responsible for managing the program for monitoring gases and vapors in their respective areas. Gases used by MHSC include acetylene, carbon dioxide, ethylene oxide, nitrogen, nitrous oxide, and oxygen. Products used by MHSC that may release vapors during normal use include Formaldehyde, Gluteraldehyde (e. g., CIDEX),Oxyfume, and Xylene. Current monitoring results indicate that exposure levels are below the regulatory action level.

G. Emergency Procedures

The Safety Officer for Hazardous Materials is responsible for developing emergency procedures for the Hazardous Materials and Waste program. Included in this responsibility is the selection and training of a Spill Response Team.

Members of the Spill Response Team receive specific training related to hazardous materials incidents, as directed by the Safety Officer for Hazardous Materials. This training includes proper methods to isolate and clean-up spills of specific size and amounts, as well as the proper personal protective equipment necessary to assure their safety. A variety of personal protective equipment is selected, provided and maintained by the Safety Officer for Hazardous Materials for emergency use by the spill team. Current equipment includes brooms, shovels, spill kits, waste containers, respirators, HEPA masks, and protective clothing.

Major spills are handled by the Rock Springs Fire Department HAZMAT response team, who are contacted by the Safety Officer for Hazardous Materials, or his designee.

H. Orientation and Education

Each new staff member of MHSC participates in a general orientation program, which includes information related to the Hazardous Materials and Waste Management Program. Examples of such information include: the general Hazardous Materials and Waste Management Program, spill and exposure response and incident reporting.

The Human Resources Department is responsible for conducting the general orientation program. The general orientation program is scheduled by the Human Resources Department once every month. When possible, new staff members are scheduled to attend the general orientation program prior to their first day of work; however new staff members can complete the program anytime within the first two days of employment. The Human Resources Department records attendance for each new staff member who

completes the general orientation program. Attendance records are maintained in the Human Resource Department. The Human Resource Department tracks and reschedules staff members who fail to attend the general orientation program.

New staff members also receive a department-specific orientation to the department where they are assigned to work. Each Department Manager is responsible for providing their new staff members with a department-specific orientation to the Hazardous Materials and Wastes Management Program. The goal of the department orientation program is to provide new staff members with current information regarding area-specific issues and departmental responsibilities. New staff members must complete their department-specific orientation within thirty days of employment.

All staff members of MHSC must participate, at least once each year, in a mandatory continuing education program. Information specific to the Hazardous Materials and Waste Management Program is included within the scope of the continuing education program. The annual education requirement is met by viewing training videos and completing the on-line education program, followed by a written examination. The Human Resources Department records the attendance of each and files test results in individual personnel files.

The Safety Officer for Hazardous Materials collaborates with individual Department Heads, as appropriate, to develop content and supporting materials for general and department-specific orientation and continuing education programs. The content and supporting materials utilized for general and department-specific orientation and continuing education programs is reviewed at least annually and revised as necessary.

I. Performance Improvement

The Hospital Safety Officer has overall responsibility for coordinating the performance improvement standard process for each of the seven functions associated with Management of the Environment of Care. The Safety Officer for Hazardous Materials is responsible for the Hazardous Materials and Waste program performance improvement standard process.

The Safety Officer for Hazardous Materials is responsible for establishing performance improvement standards to objectively measure the effectiveness of the Hazardous Materials and Wastes program. The Safety Officer for Hazardous Materials determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance improvement standards. Human, equipment, and management performance are evaluated by the Safety Officer for Hazardous Materials to identify opportunities to improve the Hazardous Materials and Waste program. The performance improvement standards are communicated to appropriate staff at departmental meetings.

The Safety Committee report summarizes performance compared to the performance improvement standard. If deficiencies are identified, a plan of action is developed to address the deficiency. The Safety Committee is responsible for evaluating the relevance of performance improvement standards. When no findings occur for a period of a year the Safety Committee recommends to the Safety Officer for Hazardous Materials that new measures be developed.

The performance improvement measurement process is one part of the evaluation of the effectiveness of the Hazardous Materials and Waste program. A performance improvement standard has been established to measure one important aspect of the Hazardous Materials and Wastes program. Compliance with this standard is considered essential to meeting the overall objective of providing

quality support of patient care. The current performance improvement standard for the Hazardous Materials and Waste Program is:

≥ 90% of staff participates in annual mandatory training.

J. Annual Evaluation

The Hospital Safety Officer has overall responsibility for coordinating the annual evaluation process with each of the seven functions associated with Management of the Environment of Care. The Director of Environmental Services is responsible for performing the annual evaluation of the Hazardous Materials and Waste Management program.

The annual evaluation uses a variety of information sources including the reports from the general liability insurance carrier, internal policy and procedure review, incident report summaries, meeting minutes, Safety Committee reports, and other summaries of activities. In addition, findings by outside agencies such as accrediting or licensing bodies, or qualified consultants are used. The annual review examines the objectives, scope, performance, and effectiveness of the Hazardous Materials and Waste Management program. The findings of the annual review are presented in a narrative report supported by relevant data. The report provides a balanced summary of the program performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year or longer term future.

The annual review is presented to the Safety Committee by the end of the first quarter of each year. The Committee reviews and approves the report. The deliberations and actions and recommendations of the Committee are documented in the minutes. The annual evaluation is also distributed to the Board of Trustees, the Executive Director, the Performance Improvement Committee, and other Department Heads as appropriate. Once the review is finalized, the Director of Environmental Services is responsible for implementing the recommendations in the report as part of the performance improvement process.

Memorial Hospital of Sweetwater County

Hazardous Materials/Waste Management Plan

I. PURPOSE

The mission of Memorial Hospital of Sweetwater County (MHSC) is to improve the health of our patients and the well being of communities, by Building Relationships, Exceeding Expectations, and Enhancing Human Lives. Consistent with this mission, the Board of Trustees, Medical Staff, and Administration have established, and provide, ongoing support for the Hazardous Material and Waste Management Program described in this Plan.

The purpose of the Hazardous Materials and Waste Management Plan is to identify and manage materials known to have the potential to harm humans or the environment. The Plan includes processes designed to minimize the risk of harm. The processes include education, procedures for safe use, storage and disposal, and management of spills or exposures.

II. SCOPE

The Hazardous Materials and Waste Management Program is designed to address the risks the variety of substances addressed in this plan pose to the environment of MHSC and to the patients, staff, contract workers, volunteers and visitors of the organization. The program is also designed to assure compliance with applicable codes and regulations.

Definitions:
For the purpose of this plan, the term *Hazardous Material/Waste* refers to any substance whose handling, use and storage is guided or defined by local, state or federal regulation. This includes radiological, chemical, hazardous vapors as well as hazardous energy sources.

The Plan is applied to the Memorial Hospital of Sweetwater County and its Medical Clinic.

III. OBJECTIVES

The Objectives for the Hazmat Program are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's program activities, performance measures, and environmental safety tours. The Objectives for this Plan are:

1. Maintain an inventory of hazardous materials that may pose a risk to staff, patients or visitors, or the environment.

2. Maintain current material safety data sheets or similar information for hazardous materials for staff and emergency medical care providers.

3. Maintain areas where hazardous materials or waste are used, stored or disposed.

4. Provide training for staff that handle or use hazardous materials or waste.

5. Provide appropriate collection containers and storage areas for hazardous wastes.

6. Monitor or measure staff exposure levels required by regulation.

IV. ORGANIZATION & RESPONSIBILITY

The Safety Compliance Coordinator serves as the Hazardous Materials and Waste Program Coordinator and, in collaboration with the Environment of Care Committee, is responsible for managing all aspects of the Plan. The Safety Compliance Coordinator advises the Environment of Care Committee regarding issues that may necessitate changes in policies and procedures, orientation and education, or purchase of equipment. In turn, the Environment of Care Committee communicates relevant issues to hospital leaders for appropriate action.

The Materials Management department is responsible for coordinating the Material Safety Data Sheet (MSDS) library, including dispersal of updated information to affected departments.

Department leaders are responsible for orienting new personnel to the department and, as appropriate, to job and task specific uses of hazardous material or wastes. When necessary, the Safety Compliance Coordinator will provide assistance.

Individual personnel are responsible for learning and following job and task specific procedures for safe handling and use of hazardous materials and wastes.

V. EDUCATION AND ORIENTATION

Each staff member at MHSC participates in an orientation program that includes information related to the Hazardous Materials and Waste Management Plan. Examples of such information include: the general Hazardous Materials and Waste Management Plan, spill and exposure response and incident reporting.

The Education Department is responsible for conducting the general orientation program. The general orientation program is presented semi-monthly. New staff members must complete the orientation prior to assuming their duties. Each department leader is responsible for providing new staff members with a department-specific orientation to the Hazardous Materials and Wastes Management Plan. The goal of the department orientation program is to assure new staff members are familiar with current information regarding area-specific issues and departmental responsibilities.

All staff members of MHSC must participate at least annually in the on-line hospital education system (HLC) program. Information specific to the Hazardous Materials and Wastes Management Plan is included in the continuing education program and each staff member must complete an examination to fulfill the education requirement. Staff knowledge competency is evaluated using questionnaires during the regularly scheduled hazard surveillance rounds.

The Safety Compliance Coordinator collaborates with individual department leaders, as appropriate, to develop content and supporting materials for general and department-specific orientation and continuing education programs. The content and supporting materials utilized for general and department-specific orientation and continuing education programs is reviewed at least annually and revised as necessary.

VI. PERFORMANCE IMPROVEMENT ACTIVITIES

The Chairman of the Environment of Care Committee has the overall responsibility for coordinating assignment of the performance improvement standard process for each of the functions associated with management of the Environment of Care. The Safety Compliance Coordinator shall propose, or have proposed to the Quality Steering Council, recommended performance improvement projects for issues identified by the Environment of Care Committee.

The Safety Compliance Coordinator is responsible for establishing performance improvement indicators to objectively measure the effectiveness of the Plan. The Safety Compliance Coordinator determines appropriate data sources, data collection methods, data collection intervals, analysis techniques and report formats for the performance improvement standards. Human, equipment, and management performance are evaluated by the Safety Compliance Coordinator to identify opportunities to improve the Plan. The performance improvement indicator results are communicated to Environment of Care Committee members and other involved staff as appropriate.

If deficiencies are identified, a plan of action is developed and submitted by the Environment of Care Committee within their performance improvement report to Quality Steering Council. The Environment of Care Committee shall continue its PI activities until released by Quality Steering Council for adequate accomplishment.

The performance improvement measurement process is one part of the evaluation of the effectiveness of the Plan. The current performance improvement standards for the Plan are:

- Percentage of containers appropriately labeled (target 100%)
  10 containers in each area are randomly selected every quarter during EOC environmental rounds

VI. PROCESSES FOR MANAGING THE RISK OF HAZARDOUS MATERIAL AND WASTE - EC.02.02.01

Management Plan/Risk Management- EC.01.01.01 EP5

Memorial Hospital of Sweetwater County develops and maintains the Hazardous Material and Waste Management Plan to effectively manage the risks of hazardous material and waste to the staff, visitors, contract workers, volunteers and patients.

The Director of Materials Management and Maintenance Supervisor are responsible for providing appropriate space for proper handling and storage of hazardous materials and waste. The appropriateness of space is evaluated annually. The findings of this evaluation are communicated to the Safety Compliance Coordinator, who in turn reports to the Environment of Care Committee.

The appropriateness of space for handling and storage of hazardous materials and waste is also evaluated as part of the hazard surveillance program. The intent of evaluating these issues during hazard surveillance is to determine if current conditions and practices support safe handling and storage of hazardous materials and waste.

Department leaders are responsible for initiating action on findings related to the appropriate use of handling and storage spaces in their areas of responsibility. The Safety Compliance Coordinator provides the Environment of Care Committee with reports of findings and follow-up action related to appropriate use of space as determined through the hazard surveillance program.

The Hazardous Materials and Waste Program utilizes the *Hazardous Material Spill* form located on the Hospital intranet to document different types of incidents. The department leader, or designee, where the incident occurred is responsible for completing the form and forwarding it to the Safety Compliance Coordinator. The Safety Compliance Coordinator is responsible for involving all parties he/she deems appropriate in the investigation process. In addition, the Safety Compliance Coordinator is responsible for notifying all pertinent regulatory agencies of any reportable incidents. Any reports of hazardous materials and waste incidents are communicated to the Environment of Care Committee. In all cases where a patient is involved, an Incident/Occurrence report is to be completed as well.

The Safety Compliance Coordinator is responsible for developing recommendations based on the conclusions of the investigation, and for taking appropriate action to implement any recommendations developed.

Hazardous Materials and Waste Inventory- EC.02.02.01 EP1

The organization develops and maintains an inventory of hazardous materials and waste, including biological, radiological, chemotherapeutic, and chemicals. Each department manager provides information on the hazardous materials and waste *used, stored, or generated* in that department. The Safety Compliance Coordinator tracks the annual completion of the Inventories and the Materials Management department houses the master inventory received from each department and evaluates it for completeness with

assistance from the appropriate staff, including the Radiation Safety Officer, and the Safety Compliance Coordinator. To insure availability at all times, a hard copy of the MSDS associated with the material is identified on the inventory in the Materials Management Department.

Spills and Exposures- EC.02.02.01 EP3-4

Emergency procedures are developed for responding to accidental spills or releases of hazardous materials. Appropriate staff are trained at least annually in emergency response procedures. This training includes proper methods to isolate and clean-up spills of specific size and amounts, as well as the proper personal protective equipment necessary to assure their safety. A variety of personal protective equipment is selected, provided and maintained for emergency use. Current equipment includes brooms, shovels, spill kits, waste containers, and protective clothing. Major spills are handled by the Rock Springs Fire Department HAZMAT response team.

Staff, including housekeeping staff, is trained to recognize the potential for a spill that is not safe to handle, and to contact their manager, and/or the Safety Compliance Coordinator. During off-shifts, the Administrator on call will make the determination. Staff is cautioned to err on the side of safety, and not to handle chemical spills that exceed their training, or the personal protective equipment (PPE) they have available.

Hazardous Chemical Risks- EC.02.02.01 EP5

Memorial Hospital of Sweetwater County has established and maintains processes for identifying, selecting, handling, storing, transporting, using, and disposing of hazardous chemical materials and waste from receipt or generation through use and/or final disposal. The department leadership assures their safe selection, storage, handling, use, and disposal. Each department is responsible for evaluating Material Safety Data Sheets for hazards before purchase of departmental supplies to assure they are appropriate, and the least hazardous alternative practical. The department managers work with the Safety Compliance Coordinator and other appropriate individuals, such as the Radiation Safety Officer, Housekeeping Supervisor and/or the Infection Control Nurse, to develop procedures for handling of hazardous materials and the proper use of PPE. The following materials and wastes are managed:

- Chemical materials are identified and ordered by department leaders. Appropriate storage space is maintained by each department, and reviewed as part of environmental tours in that area. Chemical materials are maintained in labeled containers, and staff is trained in understanding MSDS, and in the appropriate and safe handling of the chemicals they use.

- Chemical waste is held in the generating department, until arrival of the licensed contractor. The contractor lab packs the chemicals, completes the manifest and removes the packaged waste. A disposal copy of the manifest is returned to verify legal disposal of the waste.

Radioactive Risks- EC.02.02.01 EP6

Memorial Hospital of Sweetwater County has established and maintains processes for identifying, selecting, handling, storing, transporting, using, and disposing of hazardous radioactive materials and waste from receipt or generation through use and/or final disposal. The department leaders assure their safe selection, storage, handling, use, and disposal. The department is responsible for evaluating Material Safety Data Sheets and other documentation for hazards before purchase of departmental supplies to assure they are appropriate, and the least hazardous alternate practical. The department managers work with the Safety Compliance Coordinator and other appropriate individuals, such as the Radiation Safety Officer or Infection Control Nurse, to develop procedures for handling of hazardous radioactive materials and the proper use of PPE:

- Radioactive material is handled subject to the Memorial Hospital of Sweetwater County's NRC License, and the safety of the material is managed by the Radiation Safety Officer. Materials are handled in accordance with the requirements of the facility license.

- Radioactive waste is held in a 'hot room' until decayed to background, then handled as the underlying hazard of the materials for disposal. The Radiation Safety Officer manages the waste and determines when it is no longer considered a radioactive hazard.

Hazardous Medication Risks- EC.02.02.01 EP7

Memorial Hospital of Sweetwater County has established and maintains processes for identifying, selecting, handling, storing, transporting, using, and disposing of chemotherapeutic materials and waste from receipt or generation through use and/or final disposal. The department leadership assures their safe selection, storage, handling, use, and disposal of all hazardous materials. The department is responsible for evaluating available information for hazards before purchase of departmental supplies to assure they are appropriate, and the least hazardous alternative practical. The department managers work with the Safety Compliance Coordinator and other appropriate individuals, to develop procedures for handling of hazardous materials.

Chemotherapeutic (anti-neoplastic) medications and the materials used to prepare, administer, and control these materials are controlled and the waste materials collected for special disposal. Staff using these materials is trained in the handling, and emergency response to spills or leaks.

Hazardous Gas & Vapor Risks- EC.02.02.01 EP9-10

Department leaders are responsible for managing the program for monitoring gases and vapors in their respective areas. Gases used by MHSC include acetylene, carbon dioxide, nitrogen, nitrous oxide, and oxygen. Products used by MHSC that may release vapors during normal use include Formalin, Gluteraldehyde (CIDEX), Oxyfume, and Xylene.

Current monitoring results indicate that exposure levels are below the regulatory action level. Occasional monitoring of staff exposure levels will be conducted to verify proper controls are effective.

Permits, Licenses, Manifests and MSDS- EC.02.02.01EP 11

Memorial Hospital of Sweetwater County has obtained and maintains permits and licenses for handling and disposal of hazardous wastes, including chemical wastes and radioactive materials from the appropriate federal, state, and municipal agencies and material safety data sheets for the chemical waste and hazardous medications waste. Permits, licenses and manifests for hazardous waste are housed in the Facility Support Services office.

Each load of hazardous waste removed from the facility is documented by a manifest, as mandated by federal or state agencies. The manifests have multiple copies, and a copy is left at the time the hazardous waste is removed. Another copy travels with the waste, and is returned to the hospital once the wastes have been legally disposed of, to document the completion of the activity. These copies are matched, to assure that no load has been lost or misplaced, and kept for the record.

Process for Labeling Hazardous Material & Waste- EC.02.02.01 EP12

Policies and procedures are in place to address the handling, storage and use of these materials from point of entry into the facility to disposal. All materials will remain labeled, tagged, or marked with required information that includes identification of the hazardous chemical, appropriate hazard warning, and the name and address of the chemical manufacturer or other responsible party.

Chemotherapeutic Waste: Chemotherapeutic waste is placed into yellow plastic containers labeled with the OSHA and international symbol for carcinogenic wastes. These wastes are handled along with the red bag wastes. Bulk quantities of chemotherapeutic waste are handled as hazardous chemical waste and are put in yellow bags for disposal by contract agency.

Chemical Materials & Waste: Chemical materials are labeled throughout their use, handling, and disposal. The label is on the container prior to receipt or is placed on containers when filled or mixed within the hospital. Any person transferring chemicals from a labeled container to an unlabeled container in responsible for the labeling process. Labeling is evaluated during environmental tours, to assure the labels are maintained and legible. In many cases the waste is labeled by the original chemical name, in other cases, where collection cans or containers are used, the container is labeled. These labels are required by the vendors of chemical disposal services to maintain the identity of the materials, and if the identity is lost, the materials are tested and analyzed to identify them for proper handling and disposal.

Radioactive Materials & Waste: Radioactive materials are labeled according to NRC, OSHA, or other regulatory agencies. Wastes are held to decay to background, when the labels are removed or covered, and wastes handled as the other hazards they may reflect.

Labeling is evaluated during environmental tours, to assure the labels are maintained and legible.

Testing and Calibration of Nuclear Medicine Equipment EC.02.04.03 EP 14

The testing and calibration of nuclear medicine equipment is done annually by a contracted Nuclear Physicist. Documentation is kept in Medical Imaging Department.

Evaluating the Management Plan- EC.04.01.01 EP15

The Chairman of the Environment of Care Committee has overall responsibility for coordinating the annual evaluation process with each of the functions associated with Management of the Environment of Care. The Safety Compliance Coordinator is responsible for performing the annual evaluation of the Hazardous Materials and Waste Management program.

The annual review examines the objectives, scope, performance, and effectiveness of the Hazardous Materials and Waste Management program. The findings of the annual review are presented in a report supported by relevant data. The report provides a balanced summary of the program performance over the preceding 12 months. Strengths are noted and deficiencies are evaluated to set goals for the next year or longer term future.

The annual review is presented to the Environment of Care Committee at the first meeting of each fiscal year. The Committee reviews and approves the report. The deliberations, actions and recommendations of the Committee are documented in the minutes. The annual evaluation is also distributed to the Board of Trustees and the Chief Executive Officer through the Quality Steering Committee, and to other hospital leaders as deemed appropriate by the Committee. Once the review is finalized, the Safety Compliance Coordinator is responsible for implementing the recommendations in the report as part of the performance improvement process.

Formulated/Reviewed By:

Lissa Homan

Nissa Homan
Safety Compliance Coordinator/
Environment of Care Chairperson

7/20/2010
Date

Approved By:

Linda Simmons

Linda Simmons
Interim Chief Executive Officer

8-10-10
Date

Memorial Hospital of Sweetwater County
Hazardous Chemical Management Plan

PURPOSE

It is the policy of Memorial Hospital of Sweetwater County (MHSC) that hazardous chemicals and their wastes will be handled in a safe and compliant manner. The Environment of Care© (EOC) Committee will ensure that the standards and laws are in compliance through policies, procedures and plans.

The Occupational Safety and Health Administration (OSHA) requires employers to maintain and communicate information about hazardous chemicals and their wastes in the workplace to each employee. MHSC has developed the following plan in order to comply with OSHA 29 CFR 1910.1200 and to fulfill its commitment to providing a safe and healthful workplace for employees.

DEFINITION OF HAZARDOUS CHEMICALS

OSHA defines a hazardous chemical as any chemical that presents a physical hazard or health hazard. The chemical can be a solid, liquid or gas.

1. Physical hazard: includes combustible liquids, compressed gases, explosive, flammable, corrosive, ignitable, reactive (i. e., unstable).

2. Health hazard: includes those for which scientific evidence exists that acute or chronic adverse health effects may occur to exposed employees. This includes chemicals that are carcinogens, toxic, highly toxic, reproductive toxins, irritants, corrosives, and sensitizers or have target organ effects, including reproductive toxins, hepatotoxins, nephrotoxins, neurotoxins, agents that act on the hematopoietic system, and agents that damage the lungs, skin, eyes, or mucous membranes

IDENTIFICATION OF HAZARDOUS CHEMICALS

All hazardous chemicals will be identified using the criteria defined by the OSHA Hazard Communication Standard 29 CFR 1910.1200. A brief summary of these identification criteria is as follows:

Chemical Characteristics:

Ignitability (flammable) - examples include: Xylene, Benzene, Ethyl Ether, Acetone, and Alcohols.

Corrosivity (pH. 2.0 or pH 12.5) - examples include: Sodium Hydroxide, Hydrochloric Acid, Sulfuric Acid, and Formic Acid.

Reactivity (unstable at normal temperatures and pressure or release of explosive vapors) examples include: Azides, Hydrogen Peroxide (30%), Picric Acid, and Percholoric Acid (60%).

Toxicity (toxic due to contaminated heavy metals or specified chlorinated organics) - examples include: compounds containing Lead, Mercury, Chromium, Arsenic, Silver.

Acutely Hazardous Chemical Wastes (Section 261.33e) - examples include: Arsenate and Arsenic-containing compounds, Cyanide and Cyanide-containing compounds, Warfarin, Parathion, Osmium Tetroxide, Sodium Azide.

Commercial Chemical Products and Manufacturing Chemical Intermediates - examples include: Carbon Tetrachloride, Chlorambucil, Chlordane, Chloroform, DES, Mitomycin C., Pyridine, and Toluene.

Toxic Waste - examples include: Cyclophosphamide, Daunomycin, Phenol, and Reserpine, PCBs, Ethylene Oxide, 2, 4-D. This also includes the waste products from contamination, overage and use of the other chemicals. Also toxic chemicals not used up, diluted to defined levels, and not recycled, such as laboratory chemicals and some chemicals from Maintenance, Laundry, Nutritional Services, Radiology, and other areas.

PROCEDURE

Risk Assessment

1. An initial risk assessment should be performed to potentially identify and minimize the risk associated with the chemicals present in the department, update the current inventory and determine the area is designated as a storage or handling area of the chemicals.

2. Once the risk assessment has been completed, an analysis should be conducted to determine which chemicals could be potentially phased out, removed, and/or replaced with less hazardous chemicals. This process should go through the Hazard Materials and Waste Committee and/or EOC Committee.

3. The hazardous chemical inventory should be updated with the current chemicals present and on an annual basis.

Chemical Inventory

1. Every department will conduct an inventory and evaluation to identify hazardous chemicals that are present in that department. A list of all hazardous chemicals used in the department is maintained in a designated area in the department and updated annually, or as new chemical materials are obtained. The Materials Management Department and the Safety Compliance Coordinator will maintain a master list of chemicals in all departments.

2. Department Directors are responsible for performing the evaluation in their department to determine what hazardous chemicals are present on at least an annual basis and for providing an updated inventory to the Safety Compliance Coordinator. The Safety Compliance Coordinator is responsible for monitoring the process and tracking departmental activity. All departments will conduct the inventory and if no chemicals are found in the department they will send an inventory sheet indicating "No hazardous chemicals" to the Safety Compliance Coordinator. This documents that the process was completed, not neglected.

3. As changes to the chemical inventory are made, it is the responsibility of the Department Director to update the inventory form.

Handling

1. The Department Director has the responsibility for developing and enforcing departmental procedures for identifying, handling, storing, using and disposing of hazardous chemicals used in their department.

2. The Department Director is responsible for maintaining the appropriate safety equipment and personal protective equipment for staff and enforcing its use.

Storage

1. Materials that ignite easily under normal conditions (flammables) are considered fire hazards and are stored in a cool, dry, well-ventilated storage space well away from areas of fire hazard. Flammable liquids in excess of 10 gallons in any smoke / fire zone are stored in approved flammable liquid storage cabinets meeting NFPA requirements. Amounts less than 10 gallons per zone should be stored with respect to their hazard, away from flame or other sources of ignition (e.g., alcohol).

2. Highly flammable materials (ethyl ether, hydrocarbons) are kept in an area separate from oxidizing agents and materials susceptible to spontaneous heating (e. g., explosives). These are maintained in the minimum amounts needed for daily use.

3. The storage areas for flammables are supplied with appropriate fire-fighting equipment selected for the hazard, which may include automatic suppression systems and fire extinguishers as required by code.

4. Oxidizers are not to be stored close to flammable liquids.

5. Materials which are toxic as stored or which can decompose into toxic components from contact with heat, moisture, acids, or acid fumes should be stored in a cool, well ventilated place out of the direct rays of the sun. NOTE: Incompatible toxic materials should be isolated from each other. Alphabetical storage is discouraged.

6. Corrosive materials are stored in a cool, well-ventilated area (i. e., above their freeze point) and in containers that will contain spills or leaks. NOTE: The containers are inspected at regular intervals to ensure they are labeled and kept closed.

7. Corrosives are isolated from other materials.

8. Appropriate PPE is available for use when handling these materials. Department heads are responsible for assuring that proper personal protection is regularly used.

9. Hazardous chemical storage areas are inspected at least annually to evaluate the effectiveness of the storage, as well as identification and correction of the identified hazards.

Disposal

1. When disposing of chemicals refer to the MSDS to verify if chemical and container can be disposed through regular trash methods or if Federal, State,
and Local regulations regarding that chemical require special disposal processes.

2. Some chemicals produce wastes. Chemical wastes are defined by Resource Conservation and Recovery Act (RCRA) and include wastes that are toxic, poison, flammable, corrosive, irritant, and carcinogenic. Some chemicals may be released to the sewage system when suitably diluted or mixed with other materials, but concentrated solutions and some kinds of non-miscible (not water soluble) wastes must be placed in containers and removed by licensed contractors.

3. Chemical products that are wastes, discarded, outdated and unusable will be collected and labeled as they are identified. Such wastes will be kept in safe areas for storage and identified as potential hazardous wastes.

4. For disposal of hazardous medications, refer Pharmacy policy on disposal of hazardous waste.

Responsibilities

1. Department Directors are responsible for education of their staff, implementation of appropriate processes, and ensuring that the chemical is used appropriately and with the proper personal protective equipment.

2. The Safety Compliance Coordinator and EOC Committee are responsible for monitoring the implementation and management of procedures.

3. All hospital employees are responsible for complying with all Hazardous Materials/ Waste plans and procedures and using/handling all chemicals safely and according to directions.

Employee Information & Training

1. New Employee Training – training will be conducted during the new employee orientation.

    a. New employee orientation provides an introduction to hazardous chemicals, identification, labeling, and PPE.
    b. Before handling hazardous chemicals, each new employee will receive general orientation where they will be given information on what is a hazardous chemical, health hazards, PPE, and MSDS.
    c. Training will be held initially, annually, and as new substances are introduced into the department. Hazardous substances used within the individual departments will be discussed.
    d. Changes in hazardous substances used within individual departments will be discussed as they occur throughout the year.

2. Department Chemical-Specific Orientation – Chemical Specific Training is intended to provide employees with all information pertaining to substances with which they will have personal contact. This will be conducted initially, annually, and as new substances are introduced into the department in the following manner:

    Department Director or his/her designee:
    a. Determines the location of the hazardous chemical inventory and MSDS book, if maintained by the department.
    b. Conducts chemical specific training in the proper handling, storing, transporting, using, and disposing of hazardous materials.
    c. Explains MSDS and chemical inventory location and MSDS procurement.
    d. Explains method of detecting hazardous chemicals in the work area.
    e. Explains health hazards associated with mishandling hazardous substances and wastes within the department.
    f. Explains proper use of personal protective equipment.
    g. Explains emergency spill procedures.

3. Annual Chemical Training:
    - Review of the Hazardous Chemical Program.
    - Review of MSDS and labels.
    - How to access the MSDS and the hazardous chemical inventory.
    - Review and/or revise the department's hazardous chemical inventory.

Outside Contractors

1. The Facilities Support Services office is responsible for notifying construction contractors (through the Construction Manager) of the written Hazardous Chemical Policy of MHSC and of any hazardous chemicals (including MSDS) to which construction workers may be exposed during the course of their construction at the Hospital.

   a. As appropriate, a copy of the policy is given to and discussed with the contractors prior to the performance of work. Emphasis will be given to the labeling, MSDS, and special precautions sections.

2. The Safety Compliance Coordinator for receiving information (including MSDS) from the Construction Manager about any hazardous chemicals that will be used by construction workers and may cause a potential exposure to the employees.
   This information must be communicated by the Construction Manager to the Department Director of any employees who may be potentially exposed.

3. The Contractor Acknowledgment Sheet must be documented and forwarded to the Facilities Support Services Office.

Formulated by:

Nissa Homan — 9-24-09

Nissa Homan
Safety Compliance Coordinator

Date

Approved by:

Christopher Noland

Date

Memorial Hospital of Sweetwater County
Hazardous Spill and Exposure Policy

POLICY

Safe and appropriate response to an accidental release or spill of hazardous materials is essential to the safety of employees, patients and visitors. This policy details the responsibilities of Memorial Hospital of Sweetwater County's staff in case of a spill or exposure of a hazardous material.

DEFINITIONS

Hazardous Material & Waste (HAZMAT) Spill: Incidents involving hazardous materials or wastes. A general term used to define any activity related to hazardous material and wastes.

MINOR (INCIDENT) SPILL: Spills of less than 5 ml and/or any spill that can be cleaned up by the people involved using the training and personal protection equipment (PPE) they have at hand or immediately available. Minor spills include most spills and cleanup of a routine nature. The training and PPE would be determined before the spill occurred and provided in the area the chemical is used.

SPECIAL CONTENT SPILL: Special content spills include mercury and hazardous medications, such as chemotherapeutic for which staff are trained in cleanup procedures and have specific spill kits. The volume of the spills are predictable in volume and hazard. Nurses and pharmacists who are trained to handle hazardous medications and staff who are specifically trained and equipped to handle minor mercury spills will manage and clean up these materials.

MAJOR SPILL: Spills larger than 5ml and that are beyond the training and PPE available to the staff. These spills may represent an immediate danger to personnel in the area because of physical or health effects (e. g., large quantities of Formalin, Xylene). In most cases, this is a decision made by the Safety Officer at the point of the incident or by the department manager based on knowledge of the hazards of the material. Spills on soft surfaces such as rugs are treated as major spills or a spill that exceeds the limits of the personal protection available and staff training.

PROCEDURES

Regardless of the size or type of spill, staff should be aware of the different phases of a spill response:

A. Discovery, identification, notification, and decision-making
B. Response to the spill: minor, special content, and major
C. Clean-up operations (as relevant to their job)
D. Disposal

A. Discovery, Identification, and Decision-making

When a spill (a spill of hazardous or unknown chemical or infectious/potentially infectious material) is discovered, it should be classified by the amount of the spill such as a minor spill, special content spill, or major spill. If possible, attempt to identify the hazardous material from information provided by staff involved in the spill or evidence.

B. Response to Spills

Minor Spill

1. A minor spill can be cleaned up by the person that discovered or caused the spill without any special equipment beyond what they normally use. These spills should be cleaned up promptly and no further action is needed. *Example: A few drops of blood or a few drops of a normally used chemical.*

2. The personal protection required to clean up these spills is normally used for handling these materials and waste (e. g., Gloves, Apron, Eye Protection, etc.).

3. Spill kits may be used on the specific material if the staff is properly training in their use (e. g., such as a formaldehyde-neutralization kit).

4. If a spill kit is used, or if there is potential risk to patients, staff, or visitors, an incident report should be completed.

5. Dispose of the materials in the appropriate waste containers.

Special Content Spill

1. For these specific spills of hazardous materials such as chemotherapeutic medications or mercury, refer to their specific policy on that content.

2. An appropriate NIOSH-approved respirator should be used for either powder or liquid spills where an airborne powder or aerosol is or has been generated.

3. Liquids should be wiped with absorbent gauze pads and solids should be wiped with wet absorbent gauze. The spill areas should then be cleaned three times using a detergent solution followed by clean water. Special procedures are referred to for a mercury cleanup in the Mercury Policy (see reference policy).

4. Any broken glass fragments should be picked up using a small scoop or gauze pad (never the hands) and placed in a "sharps" container. The container should go into a heavy-duty disposal bag, along with contaminated absorbent pads and any other contaminated waste.

5. Contaminated reusable items, for example glassware and scoops, should be treated as outlined above under Reusable Items.

6. Where spill kits are available and staff is trained to use them, the kit may be used.

7. Refer to specific policy on disposal of spill and products associate with clean-up.

Major Spill

1. Immediately evacuate the area while closing all of the doors. This will help contain the vapors and odor. Post staff at all doors into the area to control movement into the area.

2. Contact Maintenance department to shut off the HVAC system serving the affected area.

3. Contact Security to assist in securing the area.

4. During normal business hours, contact the Safety Officer and/or the Maintenance Supervisor who will evaluate the situation and potentially notify the Rock Springs Fire Department. In the event that the spill will be discharged into the sewer system, the City of Rock Springs Special Project and Planning Coordinator, Wastewater Plant, and/or the Police Department must be notified immediately.

5. During off-duty hours, contact the Administrator on Call who is authorized in calling the Rock Springs Fire Department.

6. Continue to secure the area and ensure that the area has been evacuated (to the extent practical without personal protection) and that all staff, visitors, and patients are accounted for and that all entrances have been secured. If noxious smells extend out of the area, secure a larger area. If necessary, use the Evacuation Plan to move patients and staff to alternate sites.

7. When the Fire Department arrives, provide them with the information of the spill and location. If possible, have an MSDS for the chemical spilled available for their use. Attempt to have floor plans of the area available to let them with the involved and the entry/access points.

8. If practical, have the person that discovered the spill available to explain the situation to Fire Department personnel. If they are not available, have someone familiar with the area.

9. Hospital staff must **NOT** try to clean up spills for which they have not been trained or are not equipped. Housekeeping and Maintenance staff members are not trained to control or clean-up major spills.

10. The contractor will be responsible for the clean-up and disposal of the product, PPE, and any materials used for clean-up.

11. If in any event someone has been contaminated, respond immediately to the Emergency Room, report the chemical or bring the bottle of the chemical to the Emergency Room and report the incident to Employee Health. Immediate decontamination may be necessary.

C. Recovery

1. Once the affected area has been declared "*safe*" by the Safety Officer or the Administrator on Call, housekeeping staff can enter the area to clean up the remainder of the incident. This process will generally include spent neutralizer, absorbent, packaging, and other materials.

2. The area should **NOT** be reoccupied for normal use until the Safety Officer or Administrator on Call determines that there are no remaining hazards from the clean-up process.

3. All significant incidents involving hazardous materials and waste should be documented by a narrative discussion of the event, any staff, patient or visitor injuries, and the process for clean-up, disposal and recovery.

4. All significant spills will be reported to the Environment of Care® (EC) Committee and evaluated to potentially make improvements in the process.

Formulated By:

Nissa Homan

Nissa Homan
Safety Compliance Coordinator

10/4/10
Date

Approved By:

Linda Simmons
Interim CEO

Date

Memorial Hospital of Sweetwater County (MHSC)
Clinical Laboratory (Lab)

Laboratory Chemical Hygiene Plan

PURPOSE

This plan has been developed to establish a work environment which is free from recognizable hazards and to inform lab employees about the chemicals with which they work.

ORGANIZATION AND RESPONSIBILITIES

Responsibility for chemical hygiene rests at all levels of this organization.

A. The Chief Executive Officer (CEO) has the ultimate responsibility for chemical hygiene within MHSC and provides continuing direction and support for the MHSC Chemical Hygiene Plan.

B. The pathologist/medical director is also responsible for the safety of all lab employees. The pathologist must rely on and provide support to the safety officer and safety committee and must follow their recommendations. The pathologist can appoint and authorize lab staff to make the situation safe and compliant with legal guidelines.

C. The lab director is appointed Chemical Hygiene Officer (CHO)/Laboratory Safety Officer (LSO) and has responsibility including but not limited to the following:

1. Work with administration and other employees (e.g. Safety Committee) to develop and implement appropriate chemical hygiene policies and practices;
2. Monitor procurement and use of chemicals used in the lab;
3. See that appropriate records are maintained;
4. Determine the appropriate protective equipment needed per the MSDS and ensure that the equipment is available and in working condition;
5. Investigate accidents, report them to management, risk management, employee health, and/or safety committee, as appropriate, for follow-up or corrective measures;
6. Ensure that lab employees know/understand the chemical hygiene plan and that proper training is provided;
7. Serve as laboratory liaison for all safety issues relevant to the entire hospital.
8. Review and revise the Laboratory Chemical Hygiene Plan annually.

D. Laboratory employees are responsible for:

1. Complying with safety regulations established by laboratory management.

2. Be aware of the chemicals you are working with during daily duties, the severity of the chemicals, and how to find information about the chemical in the MSDS sheets and/or chemical hygiene plan;
3. Report chemical incidents, safety concerns or violations to the lab director;
4. Develop good personal chemical hygiene habits.

CHEMICAL INVENTORY

A chemical audit will be performed/revised annually by the lab's chemical hygiene officer.

BASIC RULES AND PROCEDURES FOR WORKING WITH CHEMICALS

A. General Rules

1. Accidents and spills:
   a. Obtain and follow the MSDS sheet instructions pertaining to eye contact, skin contact, ingestion, or clean up, as appropriate to each situation.

2. Chemicals:

   a. Do not smell or taste chemicals.
   b. Be certain all chemicals are clearly and correctly labeled.
   c. Avoid unnecessary exposure by any route.
   d. Hoods shall not be used as storage areas for chemicals.
   e. Chemicals should be stored in appropriate containers as necessary.
   f. Adhere to proper waste disposal procedures.

3. Others:

   a. Eating, drinking, application of cosmetic or lip balm, insertion/removal of contact lenses, or gum chewing in all areas of the laboratory is not permitted except in the employee lounge, the laboratory director's office, and /or the pathologist's office.
   b. Wash hands thoroughly before leaving the laboratory area and after working with any chemicals.
   c. Avoid storage and handling of chemicals in non-designated areas.
   d. Handle and store laboratory glassware with care. Do not use if chipped or cracked.
   e. Avoid practical jokes or other behavior which might confuse, startle or distract other workers.
   f. NEVER mouth pipette.
   g. Confine long hair, loose clothing, or jewelry.
   h. Recommended foot apparel (low heels, fully enclosed, non-skidding) must be worn at all times.

i. Appropriate personal protective equipment (gloves, goggles, masks, lab coats, etc) must be used at all times as needed.
j. The immediate work area must be kept clean and uncluttered. Clean up the working area on completion of an operation or at the end of each day.
k. Dispose of all types of laboratory waste in their proper receptacles or by an approved disposal method.
l. Avoid being isolated, especially if procedures are hazardous or dangerous.
m. Consult MSDS regarding hazards, plan appropriate protective procedures, and plan positioning of equipment before beginning any new operation.
n. Be alert to unsafe conditions and inform the chemical hygiene officer for needed corrective actions.

B. Centrifuges

1. Do not centrifuge uncovered tubes of specimen or flammable liquids. Use caps or parafilm.

MEASURES USED TO REDUCE EMPLOYEE EXPOSURES TO HAZARDOUS CHEMICALS

A. Procurement

1. All chemicals must be appropriately labeled and MSDS sheets available prior to use.

B. Storage

1. Chemicals shall be stored according to their hazard classes.
2. Exposure to heat or direct sunlight must be avoided.
3. Periodic inventories for leakage, deterioration or outdating will be conducted by the Safety Officer.
4. Storage of chemical or reagents in hoods or other unacceptable areas will not be permitted.

A. Environmental Monitoring

1. Regular monitoring of airborne concentrations is not usually justified or practical in laboratories but may be appropriate when any changes are made to the ventilation system or when ever procedures are significantly altered.
2. Records of such monitoring events will be maintained by the chemical hygiene officer and reported to the Safety Committee when performed.

B. Housekeeping and Maintenance

1. Floors should be cleaned and maintained on a regular (daily) basis.

2. Eyewash station and emergency shower is available in the laboratory and will be inspected twice a year by maintenance personnel.
3. Stairwells, hallways, and corridors must not be used as storage areas.
4. Fire extinguishers are inspected monthly by the maintenance department.
5. Access to exits, emergency equipment and utility controls must never be blocked.

C. Protective Apparel and Equipment

1. The following protective items are accessible in the laboratory: an eyewash device, emergency shower, fire extinguishers, gloves, lab coats, and safety goggles

D. Signs and Labels

1. All containers shall have proper identifying labels and necessary information.
2. Signs denoting emergency equipment must be posted and visible.
3. Special or unusual warning signs shall be displayed as necessary.

E. Spills and Accidents

Minor spills (1 liter or less) must be cleaned up immediately by laboratory personnel, provided the material is not immediately dangerous to life and/or health; and the equipment and supplies needed are readily available. Refer to the MSDS sheet for this information. These clean-up supplies should include neutralizing agents and absorbents. Paper towels and sponges may also be used as absorbent-type clean up aids, although this should be done cautiously. Gloves must be worn when wiping up any material with paper towels. Spill containment kits are available in the spill control station in the laboratory. All materials used in the spill clean-up must be double bagged in red biohazard bags for proper disposal. Environmental services will be called for the terminal cleaning of the affected area.

Major spills, the laboratory personnel should call for the Rock Springs Fire Department to handle the clean up. A Hazardous Material Spill Form will also need to be completed. Laboratory personnel should leave the area until RSFD has the spill contained. If any spill is to be discharged into the sewer system notify the City of RS Special Project and Planning Coordinator, Wastewater Plant, and /or the Police Department immediately.

1. General procedures in treating spills

a. Attend to any person(s) who may have been contaminated or injured.
b. Notify persons in the immediate area about the spill.

c. Seal off the spill area if possible.
d. If the spilled material is flammable, turn off nearby ignition and heat sources.
e. Avoid breathing vapors of the spilled material.
f. Obtain supplies to clean-up. Spill containment kits are available in the spill control station in the laboratory.
g. Wear appropriate apparel (gloves, shoe covers, lab coat, etc.) during clean-up process.
h. Notify necessary staff (lab director, safety officer, medical director) if an extremely dangerous material is involved or an accident or injury has occurred.

2. Handling of spilled material

a. Consult MSDS sheet for specific information.
b. Confine/contain the spills to a small area. Do not let it spread.
c. For small quantities of inorganic acids or bases, use a neutralizing agent or an absorbent mixture (soda ash or ground clay). For small quantities of other materials, absorb the spill with a nonreactive material (vermiculite, dry sand, or paper towel).
d. For large amount of inorganic acids and bases, flush with large amounts of water (provided that the water will not cause additional damage). Flooding is not recommended where violent spattering may cause additional hazards or in areas where water-reactive chemicals may be present.
e. Mop up the spill, wringing out the mop in a sink or a pail equipped with rollers.
f. Vacuum the area with a vacuum cleaner if appropriate.
g. Dispose of residues according to safe disposal procedures.
h. Notify housekeeping or maintenance for additional assistance.

3. Handling of spilled solids

a. Sweep spilled solids of low toxicity into a dust pan and place them in a solid waste container for disposal.
b. Consult MSDS file for specific information.
c. Notify housekeeping or maintenance for additional assistance.

4. Mercury spill

a. No mercury containing items should be available in the laboratory, if any are found, notify the chemical hygiene officer.
b. If a mercury spill ever occurs, contact maintenance department immediately, notify personnel in the immediate area, and isolate the area.

5. Chemical Waste disposable

a. Only those chemicals which can be disposed of by flushing with large volumes of water may enter the sanitary system. Consult MSDS files.
b. Indiscriminate disposal by pouring chemicals down the drain or adding them to mixed refuge for landfill burial is unacceptable.

HAZARDOUS CHEMICALS

A hazardous chemical is a chemical that acute or chronic health effects may occur when exposed. These chemicals can be carcinogens or highly toxic agents which act on the hematopoietic systems and agents which damage the lungs, skin, eyes or mucous membranes.

A. Use and store these substances only in areas of restricted access.
B. Amounts on hand should be as minimal as practical.
C. Appropriate warning signs must be posted.
D. Always use a hood for procedures which may result in generation of aerosols or vapors.
E. Avoid skin contact by use of gloves and other protective apparel as appropriate.
F. Decontaminate the area using proper procedure, before resuming normal work.
G. Follow established guidelines for general safety procedures as previously mentioned.

TRAINING AND INFORMATION PROGRAMS

A. Each individual working in the laboratory will be informed about necessary aspects of safety related to their working environment.
B. As part of the department orientation program, new personnel will review chemicals used that is pertinent to their job duties and the protective equipment they might need.
C. Yearly, during competency evaluation, employees will be asked to review the location of each safety manual and information pertaining to the chemicals they use in their daily duties. These manuals include:

    1. Laboratory Safety Manual
    2. Chemical Hygiene Plan
    3. Material Safety Data Sheets

EMPLOYEE EXPOSURE MONITORING

Employees will wear exposure monitoring badges for formaldehyde and xylene at least 1 time each year.

A. The CHO or designee is responsible for:

1. Coordinating exposure testing of department employees and pathologists,
2. Maintaining records within the department,
3. Reporting and follow-up of results exceeding permissible exposure limits to the employee and to the Safety Committee.
4. Providing the proper parties (e.g. employee health, human resources, etc.) with copies of testing results.

B. All records of exposure monitoring and medical surveillance will be retained in the employee's health file for at least 30 years following the employee's termination of employment with MHSC.

C. Employees and pathologists will be notified of monitoring results after the receipt of the results. The notification shall be done on an individual basis.

D. All out of range results shall be reported to the hospital safety committee. A variance/incident report shall be completed and an investigation, including re-monitoring, shall be performed.

E. <u>Formaldehyde:</u>

1. Exposure to Formaldehyde will be monitored.
2. Permissible exposure limits:
   a. 8 hour TWA (timed weighted average): 0.75 ppm (parts per million)
   b. 15 minute, worse case exposure STEL (short term exposure level): 2 ppm
   c. OSHA has defined an Action Level for formaldehyde: 8 hour TWA: 0.5 ppm (STEL = 1 ppm)
3. Initial monitoring will be conducted each time there is a change in personnel, equipment, production, process or control measures which may result in new or additional exposure to formaldehyde.
4. The director shall measure at lease annually and determine exposure to formaldehyde for employees.
5. If the last monitoring results reveal employee exposure at or above the action level, repeat monitoring of the employees shall be performed weekly until results are within acceptable ranges.
6. Periodic monitoring for employees may be discontinued if results from two consecutive sampling periods taken at least seven days apart show that employee exposure is below the action level and the STEL.
7. If exposures continue to be elevated, an investigation into the ventilation or change in the procedure to reduce exposure will be initiated.

F. <u>Xylene:</u>

1. Exposure to Xylene will be monitored.
2. Permissible limits of exposure are:
   a. 100 ppm = 8 hour TWA, action level = 50 ppm

b. 150 ppm = 15 minute STEL, action level = 75 ppm

3. If exposure is above the 8 hour TWA or the STEL:
   a. New procedures will be initiated which result in exposure being reduced **or** if possible, Xylene will no longer be used.
   a. Medical surveillance of all affected employees will be initiated.
   b. Testing will be repeated
4. Monitoring of exposure to Xylene will be performed at least annually and with every change in procedure, equipment, personnel, production or process control.

MEDICAL CONSULTATIONS AND EXAMINATIONS

A. All employees needing medical attention shall use the Employee Health services through either the Employee Health Nurse and/or the Emergency Department. The employee shall be sent for medical evaluation when one or more of the following is present:

   1. Whenever signs and symptoms develop which may be associated with a hazardous chemical exposure,
   2. When environmental monitoring reveals an exposure level above the accepted action level, and/or
   3. Whenever a significant spill, leak or exposure to a hazardous chemical occurs.

B. The CHO or designee will provide the following information to the attending physician:

   1. The identity of the hazardous chemical to which the employee may have been exposed and the appropriate MSDS.
   2. A description of the conditions under which the exposure occurred, and
   3. A description of the signs and symptoms of exposure.

C. All medical examinations and/or consultations shall be performed:

   1. By or under the direct supervision of a licensed physician
   2. At no cost to the employee,
   3. Without employee loss of pay, and
   4. At a reasonable time and place.

D. The CHO/Employee Health nurse shall obtain a written opinion, through Worker's Compensation, from the examining physician who provides:

   1. Recommendations for further medical follow-up.
   2. Results of any medical examination and associated testing.
   3. Medical conditions which may place the employee at increased risk (e.g. pregnancy).

4. A statement that the employee has been informed by the physician of the result of the consultation and any medical condition that may require further medical treatment.

Note: The physician's written statement shall not reveal specific findings of diagnosis unrelated to occupational exposures.

EVALUATION/REVIEW/REVISIONS

The effectiveness of the Chemical Hygiene Plan will be evaluated at least annually by the chemical hygiene officer. The Plan will be revised as necessary.

Memorial Hospital of Sweetwater County
Minor Chemical Spill Plan

Purpose

To provide uniform procedures to be followed in the event of a minor hazardous material spill. The procedures described in this policy shall be followed in order to allow for proper clean up and protection of the Memorial Hospital of Sweetwater County employees in the event of a simple hazardous material spill.

Definition

Minor Chemical Spill: Spills of less than 5 ml and/or any spill that can be cleaned up by the people involved using the training and personal protection equipment (PPE) they have at hand or immediately available. Minor spills include most sills and cleanup of a routine nature. The training and PPE would be determined before the spill occurred and provided in the area the chemical is used.

Responsibilities

Departmental Supervisor/Manager

Ensure staff is trained in proper handling of hazardous materials including:

- Minor spill clean up procedures indicated in this policy.
- Proper emergency contact numbers.
- Proper Personal Protective Equipment (PPE) to handle the chemical.
- Location of current Material Safety Data Sheets (MSDS) for all hazardous chemicals in the department.

Department personnel

Minor chemical spills can be cleaned up by personnel who have been trained to work with the material, have knowledge of its hazardous properties and are familiar and comfortable with the appropriate clean-up procedures.

Procedures

- Notify fellow workers in vicinity of spill.
- Secure area, by restricting access and posting signs.

- Remove any potential ignition sources and unplug nearby electrical equipment if chemical possesses flammable properties.

- Gather and review safety information on spilled chemical. Review the chemical's MSDS for a hazard assessment and other pertinent information.

- Locate appropriate spill kit. Spill kits will include:

    - gloves (exam and rubber)
    - shoe covers, cap and mask
    - protective eyewear
    - red disposable infectious/biohazard waste bags
    - disinfectant solutions
    - absorbent material
    - scoop and brush
    - boundary tape
    - paper towels and rags

- Don appropriate PPE which usually includes chemical splash goggles, gloves, apron or lab coat. If high splash potential exists, also wear a face shield and protective clothing.

- Confine and contain spill. Cover spill with appropriate absorbent material. Neutralize acid and base spills prior to cleanup.

- Clean up spill using a scoop or other suitable item and place material in appropriate disposal container.

- Decontaminate spill surface with mild detergent and water, as appropriate.

- Carefully remove PPE, place non-reusable items in disposal container and thoroughly wash hands.

- Contact Housekeeping/Maintenance for proper removal.

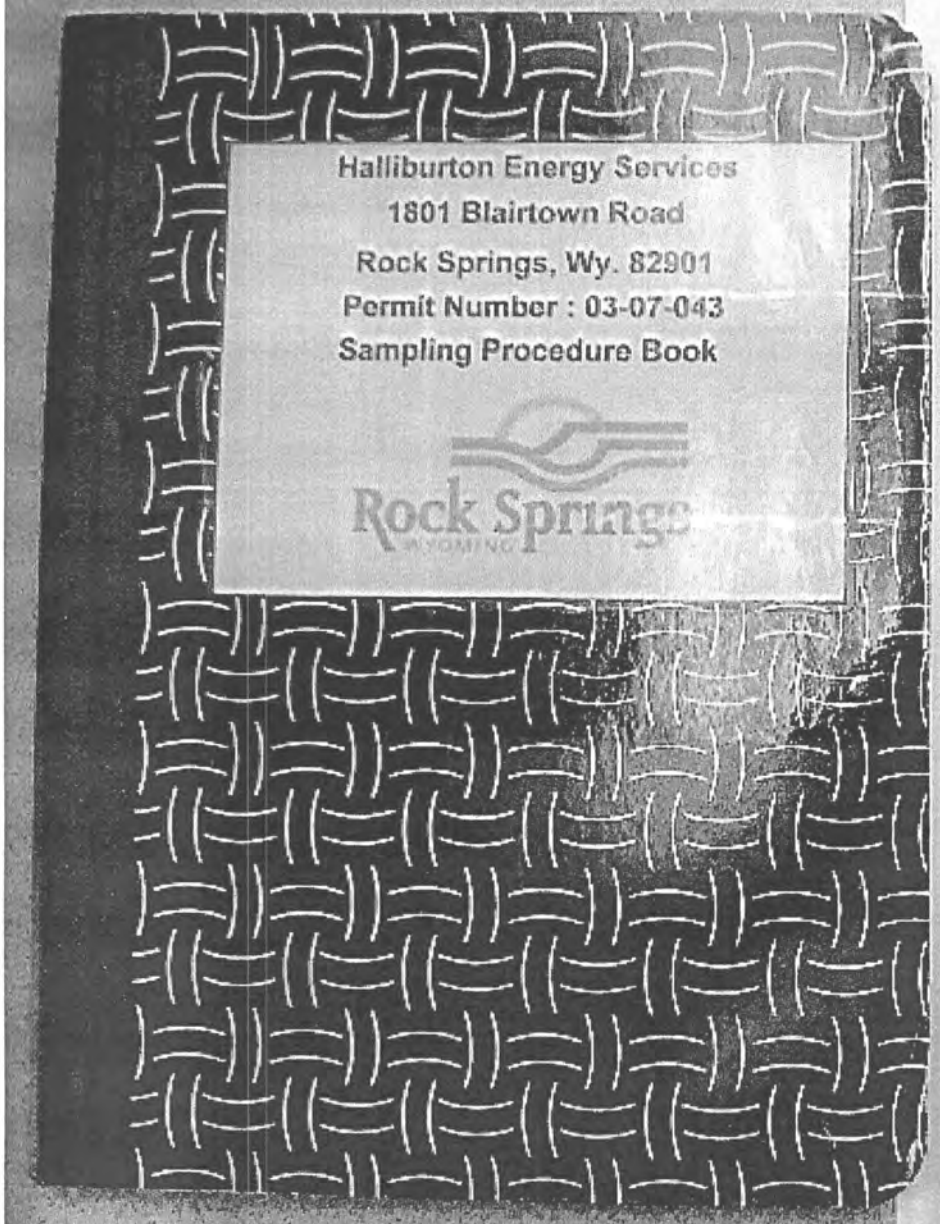
- Replenish spill kit.

- Investigate cause of spill. Document spill, response and follow-up with staff. Forward a copy of the documentation to the Hospital Safety Officer.

Approved by:

Christopher Noland
Interim Chief Executive Officer

9/27/09
Date



Halliburton Energy Services Inc.
Sampling Protocol and Methods

PURPOSE:

1. To be prepare a sampling plan that will collect representative and uncontaminated samples.
2. To provide proper sample handling and laboratory procedures.

PRE-SAMPLING EVENT PROCEDURES:

1. Review DJ Fax Sx information on what to sample for what types of samples are needed, or any specific sampling information which will need to be used.
2. Fill DI Water Bottles.
3. Get needed bottles for samples being taken.
4. Make sure bottles are properly cleaned and have correct preservatives as needed for the samples to be taken.
5. Have extra glass bottles and blank labels in case of broken bottles, contamination, or unexpected problems with the sample or sampling.
6. Log control number in log book.
7. Label bottles with correct labels and information.
8. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
9. Fill out chain of custody with site, control number, and sampling information.

LOAD EQUIPMENT AND MATERIALS INTO VEHICLE

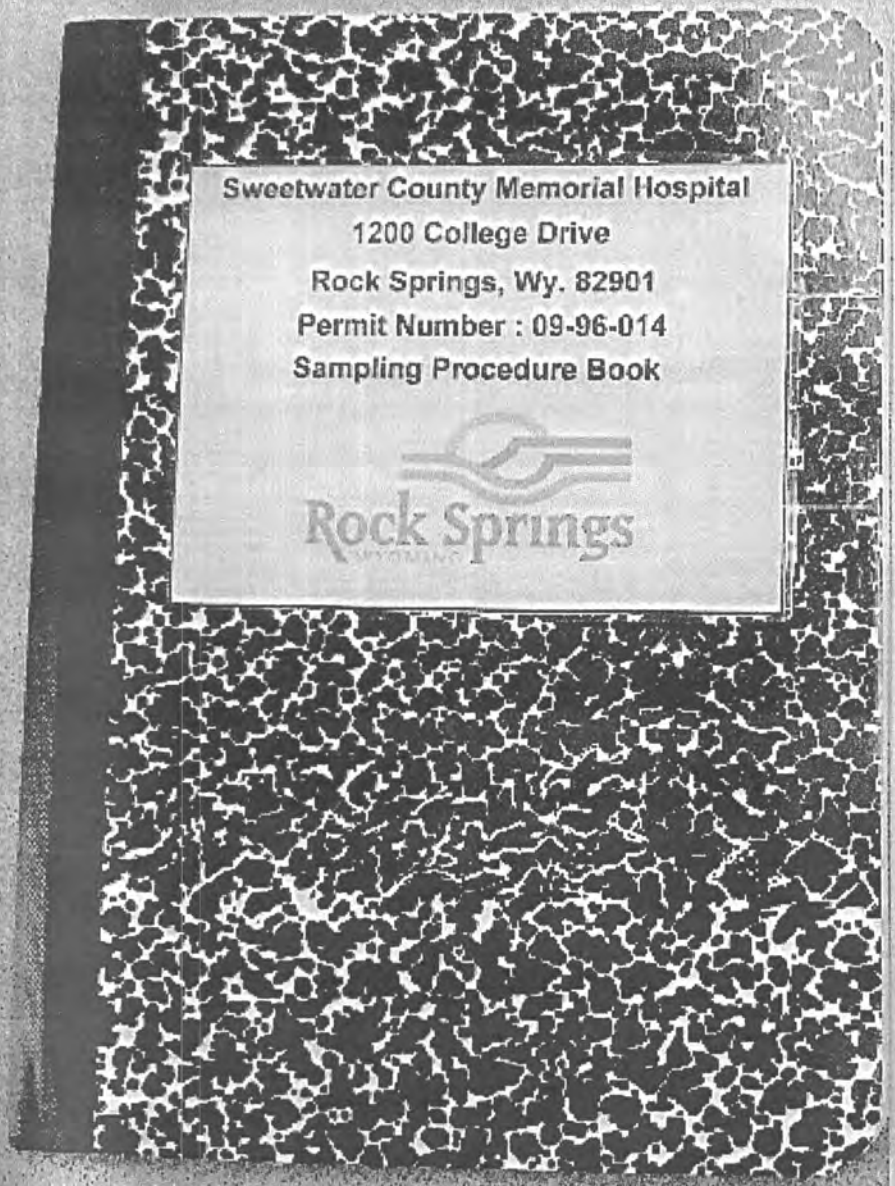
1. Check list to insure all items are taken.
2. Pump Sampler or Dip Sampler (replacement tubes or dipper bottles as needed).
3. DI Water Jugs (2 of the 3 Gallon Jugs)
4. Purgeable Sample bottles
5. Waste Bottle (1-5 gallon Jugs)
6. T.L. Glass bottle (if filling vials)
7. pH meter
8. Rubber Gloves
9. Sample Procedure Book

PROCEED TO SAMPLING SITE AT 1801 Blairtown Road

1. Set up vehicle and put on safety devices as needed.
2. Open Manhole located at the North West side of Maintenance Building Located at the North West corner on the edge of the concrete area.
3. Check valley gutter in manhole to insure there is no debris which may interfere with sampling wand or plug the sampler.

SAMPLING METHOD USED

1. Depending on the type of sampling to be performed these procedures should be used.
2. Manual Time Composite and Grab Sampling.
   a. CLEANING PROCEDURES:
      i. Sampling containers such as bottles, jars, and plastic storage containers shall be cleaned by the following method:
      ii. All containers will be flushed with tap water, washed with hot detergent, rinsed four times with tap water, washed with one + one of nitric acid, rinsed four times with tap water, and a final rinse of de-ionized water four times.
      iii. Clean containers for use in metals sampling and analysis shall be stored in specifically designated areas.
      iv. Containers shall be inspected by lab personnel or analysts for the presence of a persistent oil film, or other contaminate, or excessive water "dropping". Either the specialist or analyst shall determine whether to retain or reject the container for future 'metals' use Clean all sample equipment (pump sampler, dip sampler, portable sampler, etc.).



Memorial Hospital of Sweetwater County
Sampling Protocol and Methods

PURPOSE:

1. To be proactive a sampling plan that will collect representative and uncontaminated samples.
2. To provide proper sample handling, and laboratory procedures.

PRE-SAMPLING EVENT PROCEDURES:

1. Review IL file for information on what to sample for what types of samples are needed, or any specific sampling information which will need to be used.
2. Fill lot Water Bottles
3. Get sealed bottles for samples being taken
4. Make sure bottles are properly stamped and have correct preservatives as needed for the samples to be taken.
5. Have extra glass bottles and blank labels in case of broken bottles, contamination, or unexpected problems with the samples or sampling.
6. Log coolers & number in/out items.
7. Label bottles with correct labels and information.
8. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
9. Fill out chain of custody with site, route #, number, and sampling information.

LOAD EQUIPMENT AND MATERIALS INTO VEHICLE

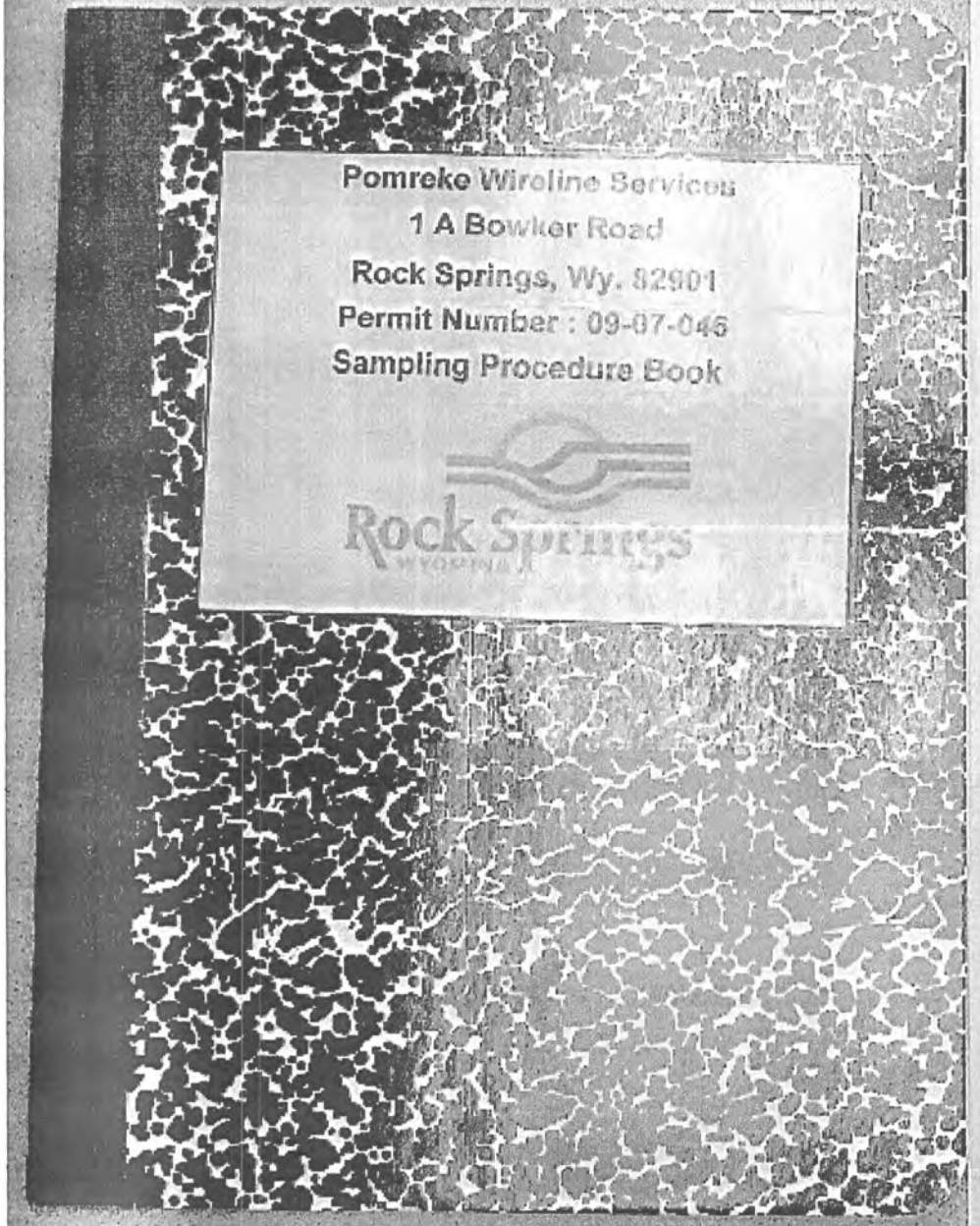
1. Check list to insure all items are taken.
2. Pump Sampler or Dip Sampler (replacement hose or sipper bottles as needed).
3. DI Water Jugs (2 of the 5 Gallon Jugs)
4. Pre-labeled Sample bottles
5. Waste Bottles (1-2 gallon Jugs)
6. 1 L Glass bottle (VOC filling vials)
7. pH meter
8. Rubber Gloves
9. Sample Procedure Book

PROCEED TO SAMPLING SITE AT 1200 College Drive

1. Set up vehicle and put on safety devices as needed.
2. Open Manhole located on the south side of facility next to facility sign. Approximately 25 feet off the west side of the entrance roadway.
3. Check valve boiler in manhole to insure there is no debris which may interfere with sampling event or plug the sampler.

SAMPLING METHOD USED

1. Depending on the type of sampling to be performed these procedures should be used:
2. Manual Time Composite and Grab sampling:
   a. CLEANING PROCEDURES:
      i. Sampling containers such as bottles, jars, and plastic storage containers shall be cleaned by the following method:
      ii. All containers will be flushed with tap water, washed with hot detergent, rinsed four times with tap water, washed with one + one of nitric acid, rinsed five times with tap water, and a final rinse of deionized water four times.
      iii. Clean containers for use in metals sampling and analysis shall be stored in specifically designated areas.
      iv. Containers shall be inspected by lab personnel or analyst for the presence of a persistent oil film, or other contaminate, or excessive water "dripping". Either the specialist or analyst shall determine whether to retain or reject the container for future "metals" use.Clean all sample equipment (pump sampler, dip sampler, portable sampler, etc.).

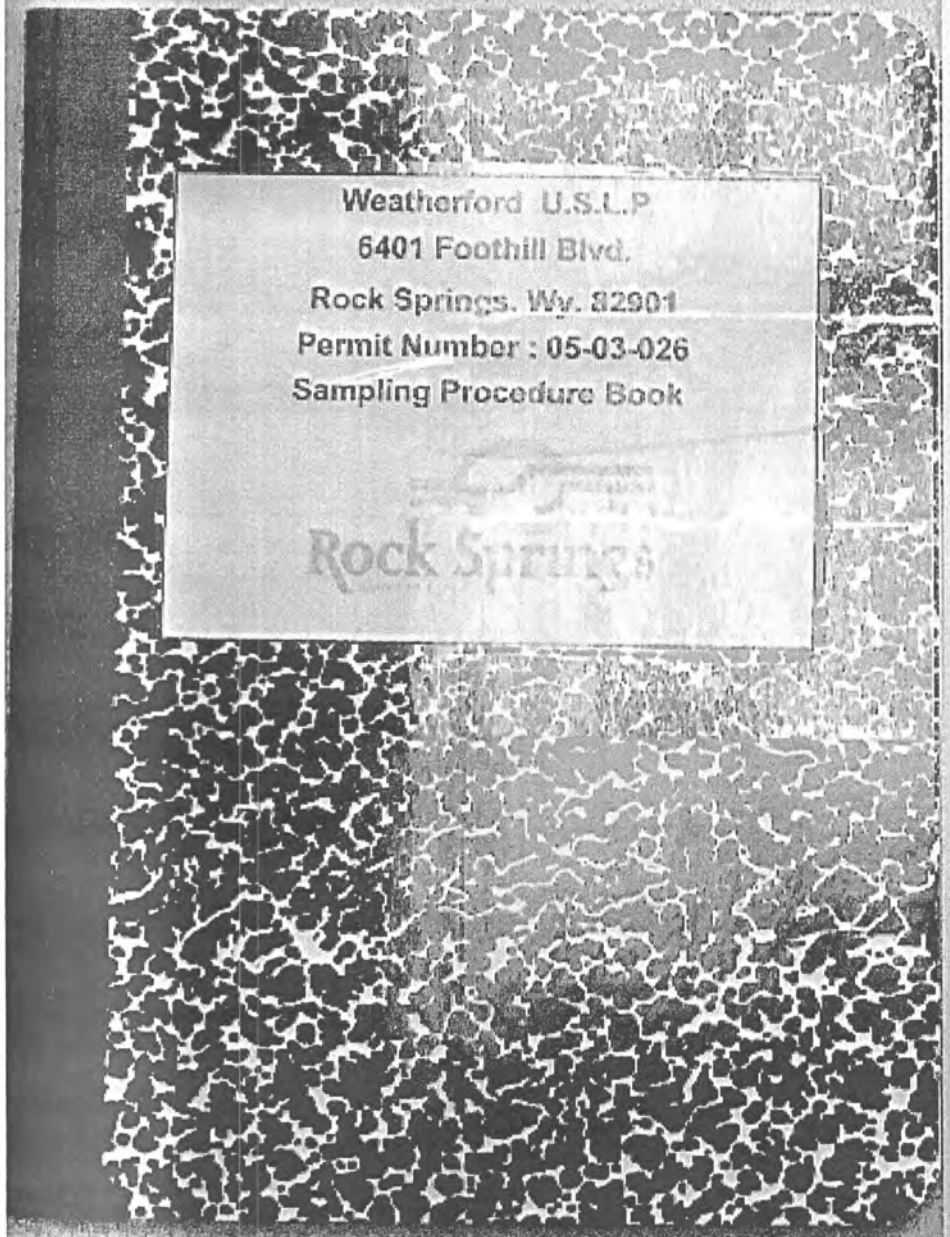


Pomreke Wireline Services

Sampling Procedure

1. Review BJ File for information on what to sample for
2. Get bottles for samples being taken
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log correct number in log book
6. Fill out chain of custody with site, coastal number, and sample information.
7. Calibrate pH meter as directed on meter with 3 buffers (log in book)
8. Clean all sample equipment (pump samples, dip samples, etc).
9. Load equipment in Vehicle, see list below
   a. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed)
   b. DI Water Jugs (2-3 Gallons)
   c. Sample Bottles
   d. Waste Bottle (1-3 Gallon Bottles)
   e. 1 L Glass bottle (for filling Vials)
   f. pH Meter
   g. Rubber Gloves
   h. Sample Preservative Bank
10. Drive to site 1A Bowker Rd
11. Put rubber gloves on.
12. Sample port is located on the south side of their building, on the west side of the smallest interceptor unit.
13. Remove cap and place Pump hose in sample port
14. Pump at least a half gallon of sample into a waste jug.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside
17. Purge pump to clear pump hose out.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water
19. Purge all of the DI Water out to rinse the hose inside.
20. Pull Sample hose out of port and rinse thoroughly with DI Water.
21. Clean up any mess made and dispose of rubber gloves properly.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When ready pack into cooler following contents (pack ice in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx

Revised 2/8/2011

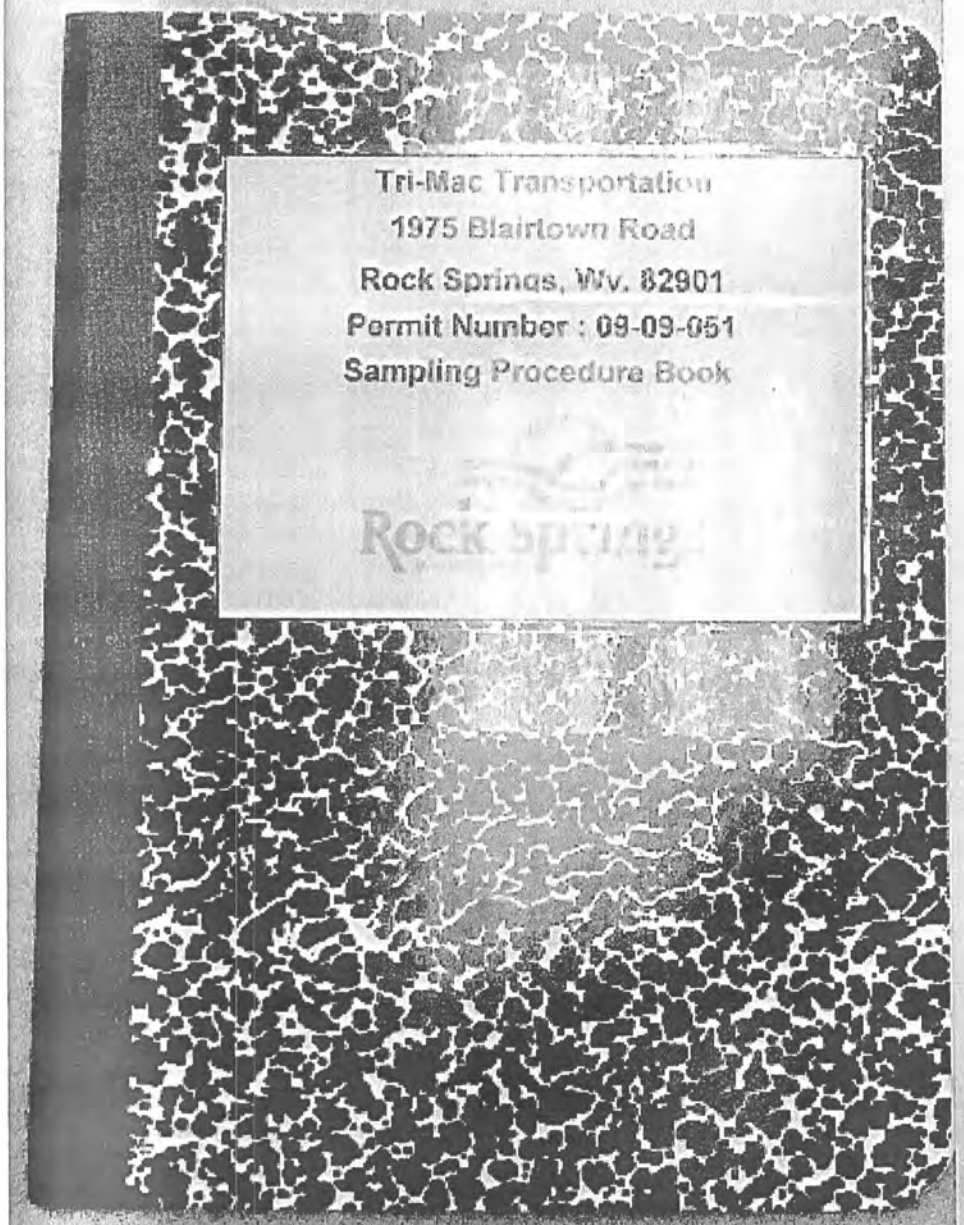


Weatherford

Sampling Procedure

1. Review EH File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers chp in book.
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
   a. Sample Bottles
   b. Waste Bottle (1-2 Gallon Jugs)
   c. 1 L Glass bottle for filling Vials
   d. pH Meter
   e. Rubber Gloves
   f. Sample Procedure Book
10. Drive to site 6401 Foothill Blvd
11. Put rubber gloves on.
12. Sample Port is located inside north east corner of building. Contact front office if needed.
13. Sample port is on discharge line of treatment system.
14. Open port and fill waste jug up to least half way
15. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Clean up any mess made, dispose of rubber gloves properly
18. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
19. When cool pack into cooler following contents (pack ice in day to preserve ice for as long as possible)
   a. Samples (glass bottles must go into a bubble wrap sleeve)
   b. Ice in 1 gallon freezer bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
20. Tape Cooler shut with packing tape.
21. Fill out FedEx forms and Attach correctly (samples are sent next day air)
22. Tape lab address to top of cooler with return address information.
23. Take to FedEx.

Revised 2/8/2011

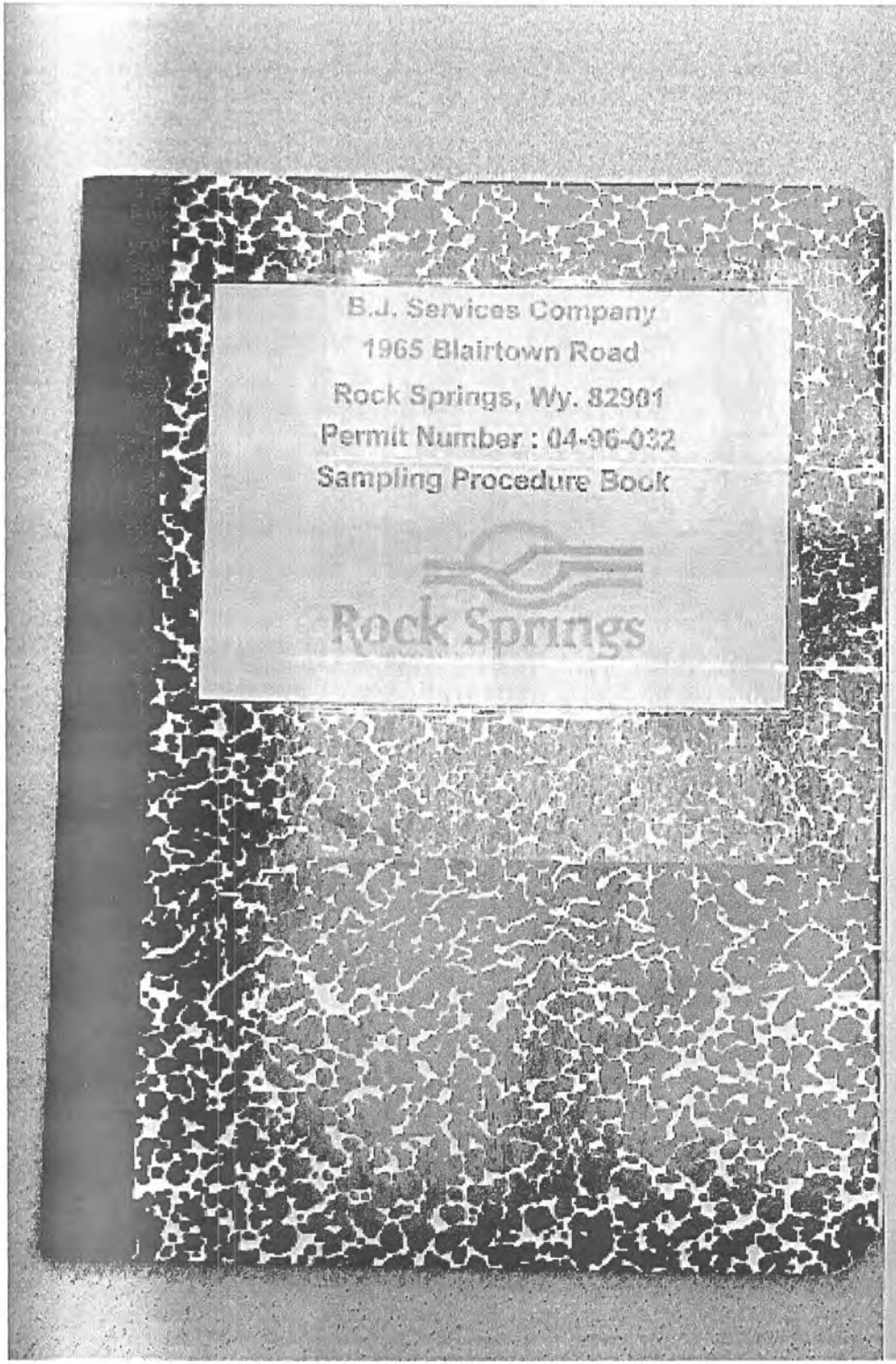


Tri-Mac Transportation

Sampling Procedure

1. Review ID File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log truck number in log book.
6. Fill out chain of custody with date, container number, and sample information.
7. Calibrate pH meter as directed on meter, use 3 buffers (log in book).
8. Clean all sample accipient (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below:
   a. Pump Sampler or Dip Sampler (replacement hose or dipper sublines needed)
   b. DI Water Jugs (2-3 Gallon Jugs)
   c. Sample Bottles
   d. Waste Bottle (1-2 Gallon Jugs)
   e. 1 L Glass bottles (Filling Vials)
   f. pH Meter
   g. Rubber Gloves
   h. Sample Procedure Book
10. Drive to site 1975 Blairtown Rd
11. Put rubber gloves on.
12. Sample Port is located on south west corner of maintenance building, after sandoil interceptor.
13. Remove sample port lid and place sample tap in flow.
14. Pump at least a half gallon of sample into a waste jug, not in sample port.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Purge pump to clear pump hose out. You can purge into sample port as long as you are done sampling.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water.
19. Purge all of the DI Water out to rinse the area inside.
20. Pull Sample hose out of port and rinse thoroughly with DI Water.
21. Clean up any mess made, dispose of rubber gloves properly and replace sample port lid.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When used pack into cooler for leaving someone (pack late in day to preserve ice for as long as possible)
   a. Samples (glass bottles must go into a bubble wrap sleeve)
   b. Ice in 1 gal on freezer bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx.

Revised 2/9/2011

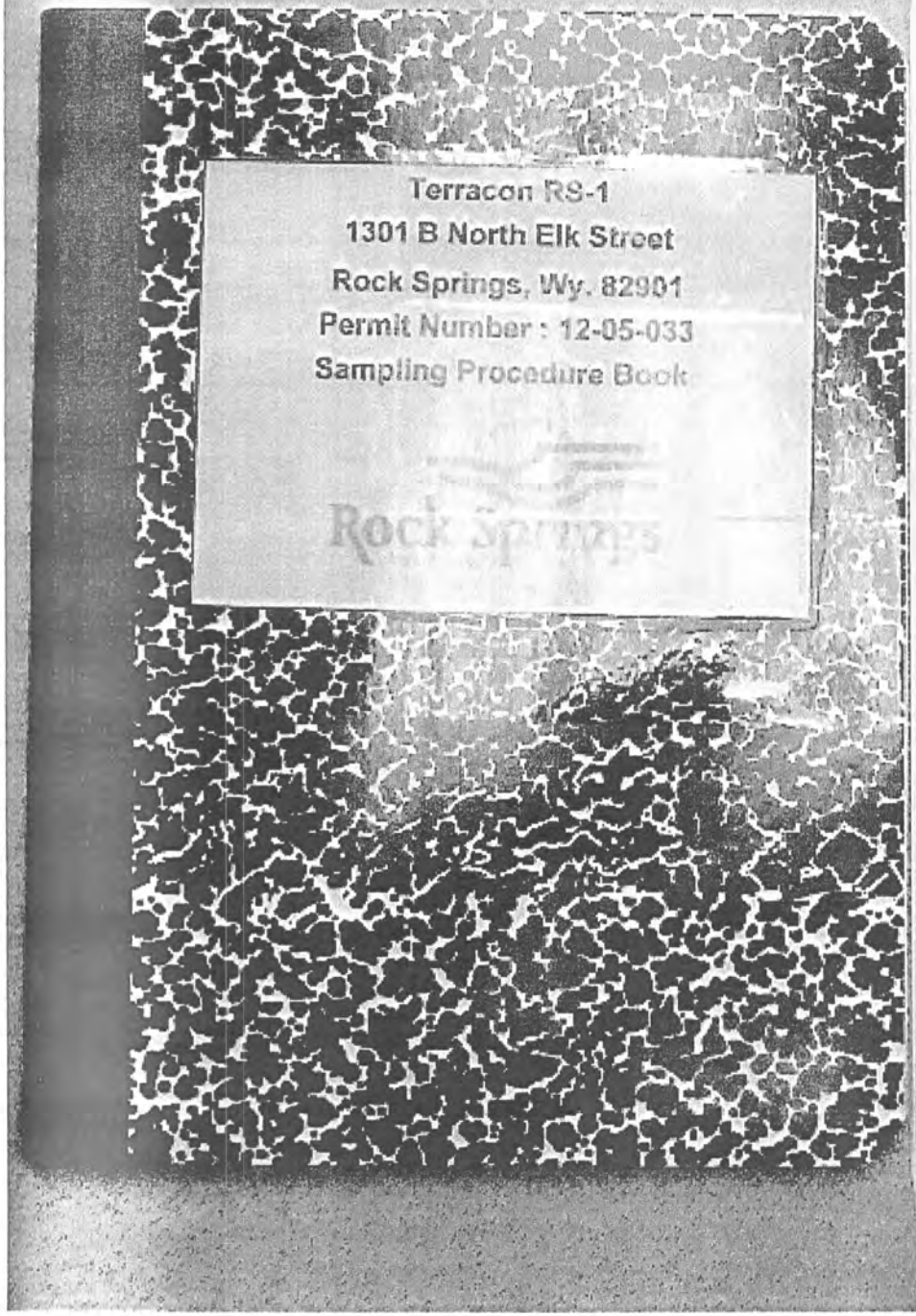


BJ Services

Sampling Procedure

1. Review ILE's for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book)
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
   a. Peristic Sampler or Dip Sampler (replacement hose or dipper bottles as needed)
   b. DI Water Jugs (2-3 Gallon Jugs)
   c. Sample Bottles
   d. Waste Bottles (1-5 Gallon Jugs)
   e. 1 L Glass bottle fil Elling Vials)
   f. pH Meter
   g. Rubber Gloves
   h. Sample Procedure Book
10. Drive to site 1965 Blairtown Rd
11. Put rubber gloves on.
12. Sample Manhole is located on the south west side corner of the ice.
13. Remove manhole lid and place sample tub in flow
14. Pump at least a half gallon of sample into a waste jug out in manhole.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from last making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Purge pump to clear pump hose out. You can purge into manhole as long as you are done sampling.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water.
19. Purge all of the DI Water out to rinse the hose inside.
20. Pull Sample hose out of manhole and rinse thoroughly with DI Water.
21. Clean up any mess made, dispose of rubber gloves properly and replace manhole lid.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
   a. Samples (glass bottles must go into a bubble wrap sleeve)
   b. Ice in 1 gallon freezer bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information on (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx.

Revised 2/8/2011

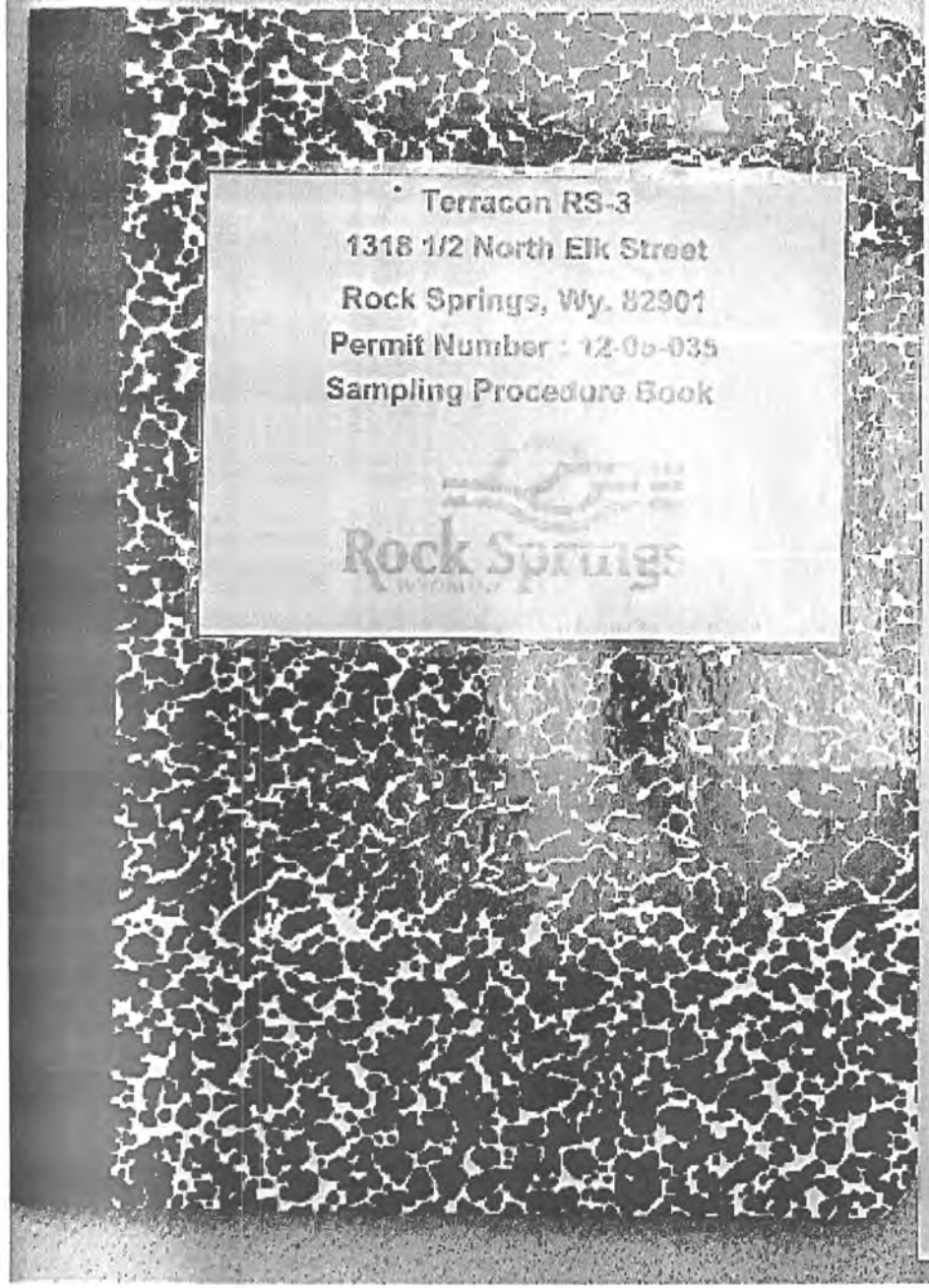


Terracon RS-1

Sampling Procedure

1. Review ID File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.)
9. Load equipment in Vehicle, see list below
   a. Sample Bottles
   b. Waste Bottle (1-2 Gallon Jug or 1 L Glass)
   c. 1 L Glass bottle (Filling Vials)
   d. pH Meter
   e. Rubber Gloves
   f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1301B West Elk St
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4°C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
   a. Samples (glass bottles must get their own bubble wrap sleeve)
   b. Ice in 1 gallon freezer bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water)
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape fill address to top of cooler with return address information.
22. Take to FedEx.

Revised 2/9/2011

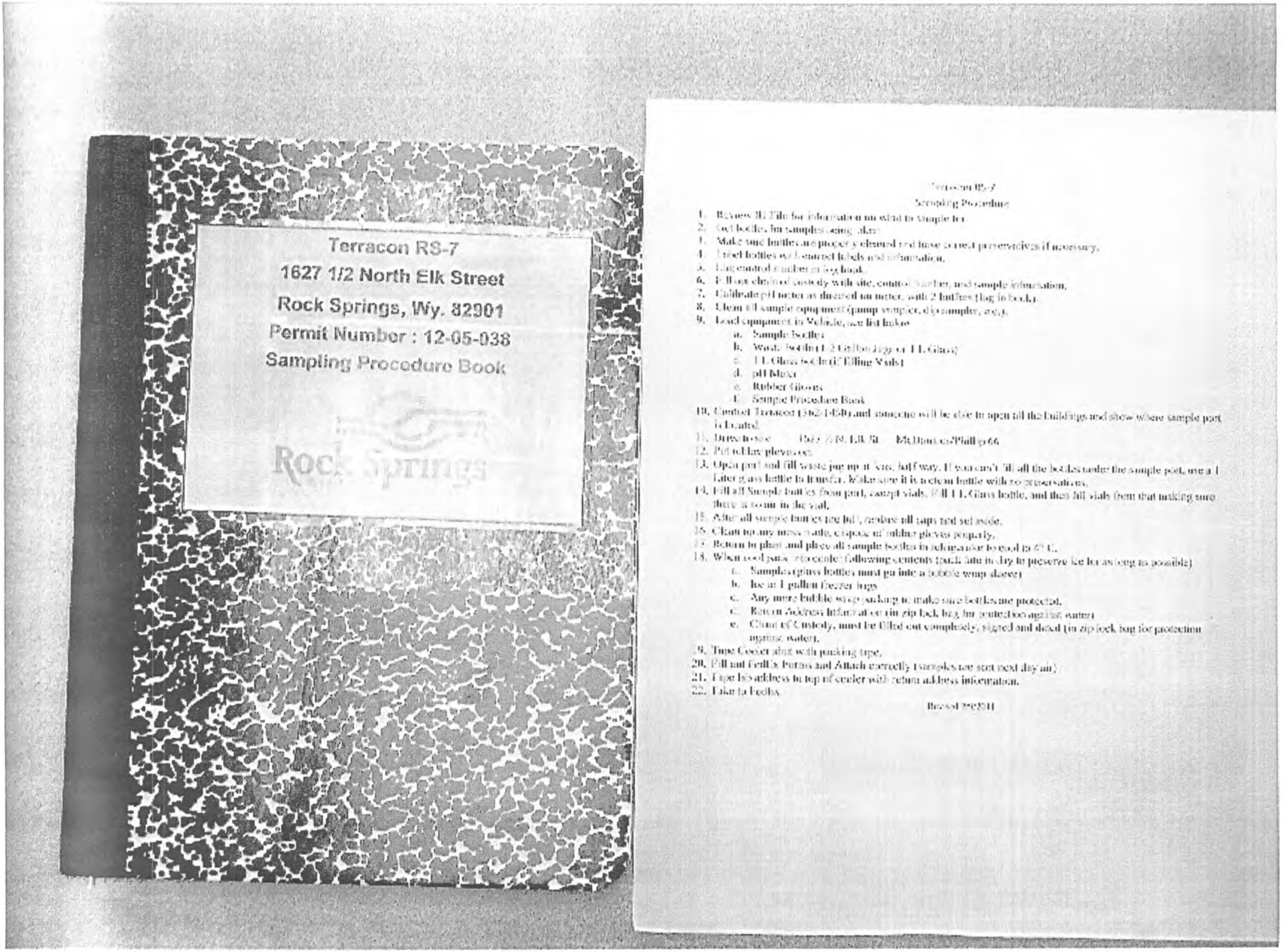


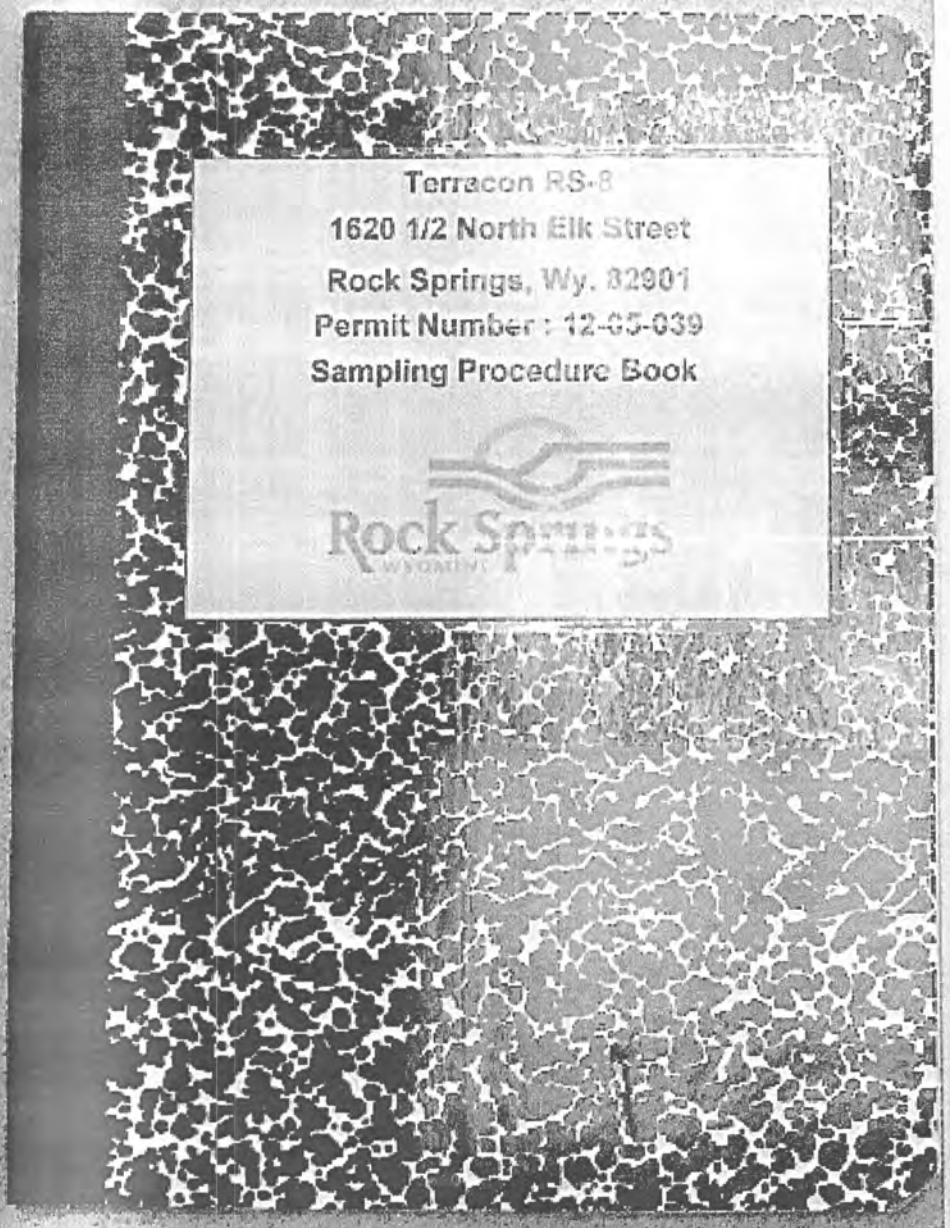
Terracon RS-3

Sampling Procedure

1. Review RCRA list information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.)
9. Load equipment in Vehicle, see list below
   a. Sample Bottles
   b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
   c. 1 L Glass bottle (if filling vials)
   d. pH Meter
   e. Rubber Gloves
   f. Sample Procedure Book
10. Contact Terracon (362-1430) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1318 ½ N. Elk St Old Waste Management
12. Put rubber gloves on
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there's no air in the vial.
15. After all sample bottles are full, replace all caps and set aside
16. Clean up any mess made, dispose of rubber gloves properly
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following comments (pack ice in day to preserve ice for as long as possible)
   a. Samples (glass bottles must go into a bubble wrap sleeve)
   b. Ice in 1 gallon freezer bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx

Revised 2/9/201


Terracon RS-7
1627 1/2 North Elk Street
Rock Springs, Wy. 82901
Permit Number : 12-05-038
Sampling Procedure Book
Rock Springs
Terracon RS-7
Sampling Procedure
1. Review RI File for information on what to sample for
2. Get bottles for samples being taken
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
a. Sample bottles
b. Waste bottle (-2 Gallon Jug or 1 L Glass)
c. 1 L Glass bottle (if filling Vials)
d. pH Meter
e. Rubber Gloves
f. Sample Procedure Book
10. Contact Terracon (362-1650) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1627 ½ N. Elk St. McDonalds/Phillips 66
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
a. Samples (glass bottles must go into a bubble wrap sleeve)
b. Ice in 1 gallon freezer bags
c. Any more bubble wrap packing to make sure bottles are protected.
d. Return Address Information (in zip lock bag for protection against water)
e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.
Revised

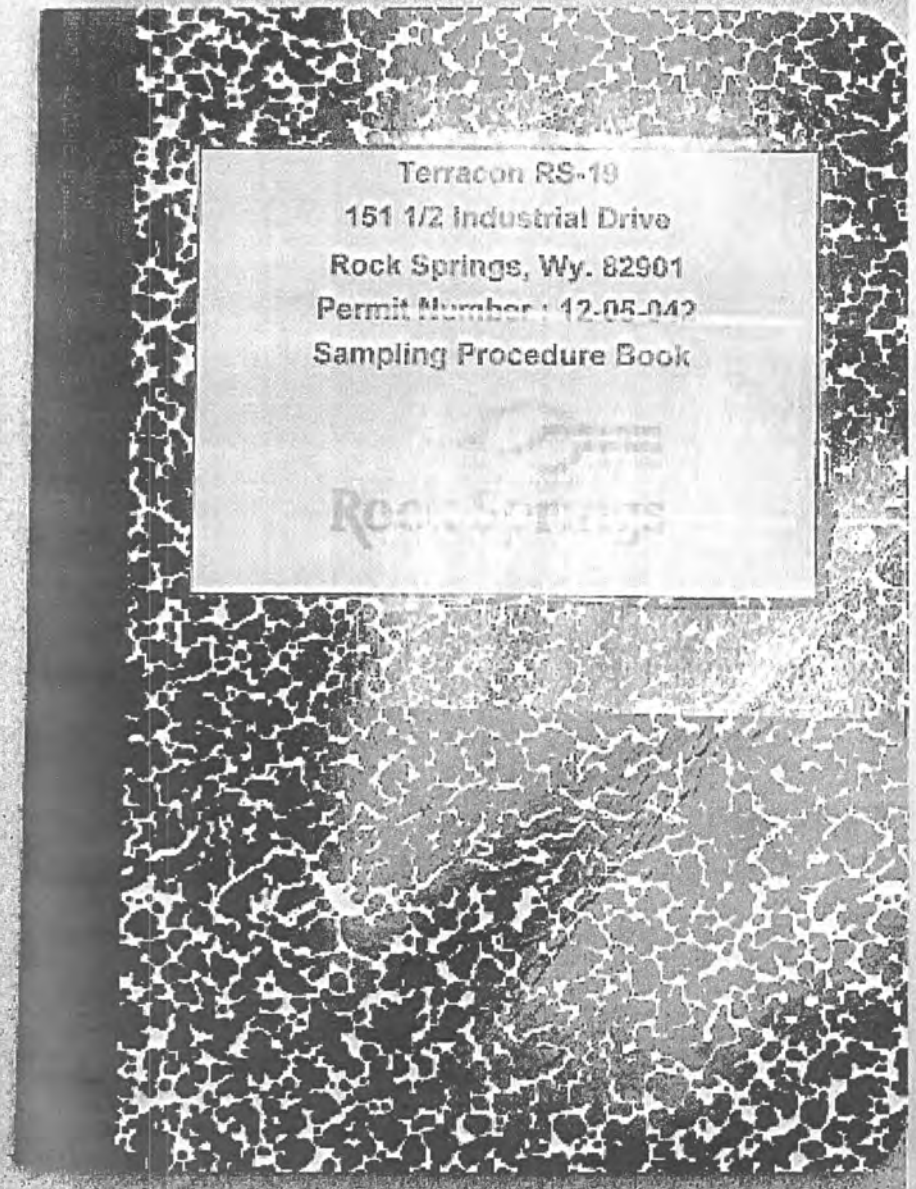


Terracon RS-8

Sampling Procedure

1. Review EQ File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample securement (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
   a. Sample Bottles
   b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
   c. 1 L Glass bottle (if filling Vials)
   d. pH Meter
   e. Rubber Gloves
   f. Sample Procedure Book
10. Contact Terracon (362-1458) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1620 ½ N. Elk St Outlaw Texaco
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack Ice in day before to preserve Ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Revised 2/9/2011



Terracon RS-19

Sampling Procedure

1. Review PJ File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump strainer, dip samplers, etc.).
9. Load equipment in Vehicle, see list below
   a. Sample Bottles
   b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
   c. 1 L Glass bottle (if Filling Vials)
   d. pH Meter
   e. Rubber Gloves
   f. Sample Procedure Book
10. Contact Terracon (362-1409) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 151 1/2 Industrial Dr Fleischli Oil
12. Put rubber gloves on
13. Open port and Fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is clean before with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
   a. Samples (glass bottles must go into a bubble wrap sleeve)
   b. Ice in 1 gallon freeze bags
   c. Any more bubble wrap packing to make sure bottles are protected.
   d. Return Address Information (in zip lock bag for protection against water)
   e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Revised 5/6/03

Memorial Hospital of Sweetwater County
Sampling Protocol and Methods

PURPOSE:

1. To help ensure a sampling plan that will collect representative and uncontaminated samples.
2. To provide proper sample handling and laboratory procedures.

PRE-SAMPLING EVENT PROCEDURES:

1. Review IU File for information on what to sample for what types of samples are needed, or any specific sampling information which will need to be used.
2. Fill DI Water Bottles
3. Get needed bottles for samples being taken.
4. Make sure bottles are properly cleaned and have correct preservatives as needed for the samples to be taken.
5. Have extra glass bottles and blank labels in case of broken bottles, contamination, or unexpected problems with the sample or sampling.
6. Log control number in log book.
7. Label bottles with correct labels and information.
8. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
9. Fill out chain of custody with site, control number, and sampling information.

LOAD EQUIPMENT AND MATERIALS INTO VEHICLE

1. Check list to insure all items are taken.
2. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed).
3. DI Water Jugs (2 of the 3 Gallon Jugs)
4. Pre labeled Sample bottles
5. Waste Bottles (1-2 gallon Jugs)
6. 1 L Glass bottle (if filling vials)
7. pH meter
8. Rubber Gloves
9. Sample Procedure Book

PROCEED TO SAMPLING SITE AT 1200 College Drive

1. Set up vehicle and put out safety devices as needed.
2. Open Manhole located on the south side of facility next to facility sign. Approximately 25 feet off the west side of the entrance roadway.
3. Check valley gutter in manhole to insure there is no debris which may interfere with sampling event or plug the sampler.

SAMPLING METHOD USED

1. Depending on the type of sampling to be performed these procedures should be used:
2. Manual Time Composite and Grab Sampling:
    a. CLEANING PROCEDURES:
        i. Sampling containers such as bottles, jars, and plastic storage containers shall be cleaned by the following method:
        ii. All containers will be flushed with tap water, washed with hot detergent, rinsed four times with tap water, washed with one + one of nitric acid, rinsed four times with tap water, and a final rinse of deionized water four times.
        iii. Clean containers for use in metals sampling and analysis shall be stored in specifically designated areas.
        iv. Containers shall be inspected by lab personnel or analysts for the presence of a persistent oil film, or other contaminates, or excessive water "dropping". Either the specialist or analyst shall determine whether to retain or reject the container for future "metals" use.Clean all sample equipment (pump sampler, dip sampler, portable sampler, etc.).

b. TAKING THE SAMPLE:
   i. Put rubber gloves on.
   ii. Using a Pump Unit;
      1) Place sample tube in flow
      2) Pump at least a half gallon into a waste jug not in sample manhole.
      3) Fill all sample bottles with pump, except vials. Fill 1 L glass bottle, and fill vials from that making sure there is no air in the vial.
      4) After all sample bottles are full, replace all caps and set aside.
   i. Repeat steps every two hours for composite sampling. Each sample time needs to have 2 VOC vials, should be a total of 8 vials for an 8 hour period.

c. pH AND TEMP READINGS:
   i. Take a pH and temperature reading at this time
   ii. Record in Sampling Procedure Book.

d. AFTER TAKING SAMPLE:
   i. Purge pump to clear pump hose out. You can purge into sample manhole as long as you are done sampling.
   ii. Rinse pump hose thoroughly with DI Water and put hose in a gallon jug of DI Water.
   iii. Purge all of the DI Water out to rinse the hose inside.
   iv. Pull Sample hose out of manhole and rinse thoroughly with DI Water, wipe and rinse again.
   v. Clean up any mess made, dispose of rubber gloves properly and replace sample manhole lid.
   vi. Return to plant and place all sample bottles in refrigerator to cool to 4°C.

3. Flow Proportional Composite or Time Composite Sampling using a Portable Sampler:
   a. OPERATING CONDITIONS:
      i. Automatic samplers (AS) shall be cleaned and checked for proper working order before going into the field with the following steps:
      ii. Automatic Samplers (AS) will be set up so that a container with at least a 5 gallon capacity can be used to clean several AS including all tubing and sampler barrel. Use a sufficient volume of liquid so that each AS gets about 2 liters for each wash and rinse cycle.
      iii. Set all AS on automatic (AUTO) with minimum timed interval and maximum volume pick-up. Put tubing of each AS in wash/rinse container.
      iv. Cleaning sequence will include washing with hot soapy water, sonic cleaner when needed, hot water rinse (rinse 4 times), and D.I. rinse (rinse 4 times).
      v. While cleaning procedure is taking place verify that all AS are working properly on AUTO; timing intervals and volumes are correct, and samplers are in other wise good working order.
      vi. Affix CLEAN label to AS (or other cleaned sampling equipment).
   b. TIME COMPOSITE SAMPLING
      i. Automatic Sampler (AS) SET-UP.
         1) Sampler shall verify that approved equipment, clean tubing and containers are used.
         2) Install tip of sample tubing into the main part of the bottom down-stream flow path, in the most turbulent part of that flow.
         3) Switch to FORWARD and adjust tubing until a sample is drawn. When successful, secure tubing.
         4) Run sampler at least 30 seconds after sample enters pump to flush tubing and provide rinse solution for a sample container.

5) Switch off, and shake container to rinse walls, then dump rinse water into sampling port.
6) Switch to REVERSE to flush tubing.
7) Set automatic controls to minimum time interval and appropriate sample volume. Verify sampler is working.
8) Adjust time interval as desired and switch to AUTO.
9) All automatic samplers left on assignment shall be locked and secured.

SHIPPING:

When all samples have been gathered and cooled to proper temperature pack in a cooler.
Samples (glass bottles must go into bubble wrap sleeve)
Ice in 1 gallon freezer bags
Following contents (pack late in day to preserve ice for as long as possible)
Any more bubble wrap packing to make sure bottles are protected.
Return address Information (in a zip lock bag for protection against water)
Chain Of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water)
Tape cooler shut with packing tape.
Fill out FedEx forms and attach correctly (samples are sent next day air)
Tape lab address to top of cooler with return address information.
Take to FedEx.

Halliburton Energy Services Inc.
Sampling Protocol and Methods

PURPOSE:

1. To help ensure a sampling plan that will collect representative and uncontaminated samples.
2. To provide proper sample handling and laboratory procedures.

PRE-SAMPLING EVENT PROCEDURES:

1. Review IU File for information on what to sample for what types of samples are needed, or any specific sampling information which will need to be used.
2. Fill DI Water Bottles
3. Get needed bottles for samples being taken.
4. Make sure bottles are properly cleaned and have correct preservatives as needed for the samples to be taken.
5. Have extra glass bottles and blank labels in case of broken bottles, contamination, or unexpected problems with the sample or sampling.
6. Log control number in log book.
7. Label bottles with correct labels and information.
8. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
9. Fill out chain of custody with site, control number, and sampling information.

LOAD EQUIPMENT AND MATERIALS INTO VEHICLE

1. Check list to insure all items are taken.
2. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed).
3. DI Water Jugs (2 of the 3 Gallon Jugs)
4. Pre labeled Sample bottles
5. Waste Bottles (1-2 gallon Jugs)
6. 1 L Glass bottle (if filling vials)
7. pH meter
8. Rubber Gloves
9. Sample Procedure Book

PROCEED TO SAMPLING SITE AT 1801 Blairtown Road

1. Set up vehicle and put out safety devices as needed.
2. Open Manhole located at the North West side of Maintenance Building-Located at the North West corner on the edge of the concrete area.
3. Check valley gutter in manhole to insure there is no debris which may interfere with sampling event or plug the sampler.

SAMPLING METHOD USED

1. Depending on the type of sampling to be performed these procedures should be used:
2. Manual Time Composite and Grab Sampling:
    a. CLEANING PROCEDURES:
        i. Sampling containers such as bottles, jars, and plastic storage containers shall be cleaned by the following method:
        ii. All containers will be flushed with tap water, washed with hot detergent, rinsed four times with tap water, washed with one + one of nitric acid, rinsed four times with tap water, and a final rinse of de-ionized water four times.
        iii. Clean containers for use in metals sampling and analysis shall be stored in specifically designated areas.
        iv. Containers shall be inspected by lab personnel or analysts for the presence of a persistent oil film, or other contaminates, or excessive water "dropping". Either the specialist or analyst shall determine whether to retain or reject the container for future "metals" use.Clean all sample equipment (pump sampler, dip sampler, portable sampler, etc.).

b. TAKING THE SAMPLE:
   i. Put rubber gloves on.
   ii. Using a Pump Unit;
      1) Place sample tube in flow
      2) Pump at least a half gallon into a waste jug not in sample manhole.
      3) Fill all sample bottles with pump, except vials. Fill 1 L glass bottle, and fill vials from that making sure there is no air in the vial.
      4) After all sample bottles are full, replace all caps and set aside.
   iii. Repeat steps every two hours for composite sampling. Each sample time needs to have 2 VOC vials, should be a total of 8 vials for an 8 hour period.

c. pH AND TEMP READINGS:
   i. Take a pH and temperature reading at this time
   ii. Record in Sampling Procedure Book.

d. AFTER TAKING SAMPLE:
   i. Purge pump to clear pump hose out. You can purge into sample manhole as long as you are done sampling.
   ii. Rinse pump hose thoroughly with DI Water and put hose in a gallon jug of DI Water.
   iii. Purge all of the DI Water out to rinse the hose inside.
   iv. Pull Sample hose out of manhole and rinse thoroughly with DI Water, wipe and rinse again.
   v. Clean up any mess made, dispose of rubber gloves properly and replace sample manhole lid.
   vi. Return to plant and place all sample bottles in refrigerator to cool to 4°C.

3. Flow Proportional Composite or Time Composite Sampling using a Portable Sampler:
   a. OPERATING CONDITIONS:
      i. Automatic samplers (AS) shall be cleaned and checked for proper working order before going into the field with the following steps:
      ii. Automatic Samplers (AS) will be set up so that a container with at least a 5 gallon capacity can be used to clean several AS including all tubing and sampler barrel. Use a sufficient volume of liquid so that each AS gets about 2 liters for each wash and rinse cycle.
      iii. Set all AS on automatic (AUTO) with minimum timed interval and maximum volume pick-up. Put tubing of each AS in wash/rinse container.
      iv. Cleaning sequence will include washing with hot soapy water, sonic cleaner when needed, hot water rinse (rinse 4 times), and D.I. rinse (rinse 4 times).
      v. While cleaning procedure is taking place verify that all AS are working properly on AUTO; timing intervals and volumes are correct, and samplers are in other wise good working order.
      vi. Affix CLEAN label to AS (or other cleaned sampling equipment).
   b. TIME COMPOSITE SAMPLING
      i. Automatic Sampler (AS) SET-UP.
         1) Sampler shall verify that approved equipment, clean tubing and containers are used.
         2) Install tip of sample tubing into the main part of the bottom down-stream flow path, in the most turbulent part of that flow.
         3) Switch to FORWARD and adjust tubing until a sample is drawn. When successful, secure tubing.
         4) Run sampler at least 30 seconds after sample enters pump to flush tubing and provide rinse solution for a sample container.
         5) Switch off, and shake container to rinse walls, then dump rinse water into sampling port.

6) Switch to REVERSE to flush tubing.
7) Set automatic controls to minimum time interval and appropriate sample volume. Verify sampler is working.
8) Adjust time interval as desired and switch to AUTO.
9) All automatic samplers left on assignment shall be locked and secured.

SHIPPING:

When all samples have been gathered and cooled to proper temperature pack in a cooler.
Samples (glass bottles must go into bubble wrap sleeve)
Ice in 1 gallon freezer bags
Following contents (pack late in day to preserve ice for as long as possible)
Any more bubble wrap packing to make sure bottles are protected.
Return address Information (in a zip lock bag for protection against water)
Chain Of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water)
Tape cooler shut with packing tape.
Fill out FedEx forms and attach correctly (samples are sent next day air)
Tape lab address to top of cooler with return address information.
Take to FedEx.

(Revised 02-09-11)

BJ Services

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed)
    b. DI Water Jugs (2-3 Gallon Jugs)
    c. Sample Bottles
    d. Waste Bottle (1-2 Gallon Jugs)
    e. 1 L Glass bottle (if filling Vials)
    f. pH Meter
    g. Rubber Gloves
    h. Sample Procedure Book
10. Drive to site 1965 Blairtown Rd
11. Put rubber gloves on.
12. Sample Manhole is located on the south west side corner of their lot.
13. Remove manhole lid and place sample tub in flow.
14. Pump at least a half gallon of sample into a waste jug **not in manhole**.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Purge pump to clear pump hose out. You can purge into manhole as long as you are done sampling.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water.
19. Purge all of the DI Water out to rinse the hose inside.
20. Pull Sample hose out of manhole and rinse thoroughly with DI Water.
21. Clean up any mess made, dispose of rubber gloves properly and replace manhole lid.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx.

Weatherford

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Drive to site 6401 Foothill Blvd
11. Put rubber gloves on.
12. Sample Port is located Inside north east corner of building. Contact front office if needed.
13. Sample port is on discharge line of treatment system.
14. Open port and fill waste jug up at least half way.
15. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Clean up any mess made, dispose of rubber gloves properly.
18. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
19. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
20. Tape Cooler shut with packing tape.
21. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
22. Tape lab address to top of cooler with return address information.
23. Take to FedEx.

Trimac Transportation

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed)
    b. DI Water Jugs (2-3 Gallon Jugs)
    c. Sample Bottles
    d. Waste Bottle (1-2 Gallon Jugs)
    e. 1 L Glass bottle (if filling Vials)
    f. pH Meter
    g. Rubber Gloves
    h. Sample Procedure Book
10. Drive to site 1975 Blairtown Rd
11. Put rubber gloves on.
12. Sample Port is located on south west corner of maintenance building, after sand/oil interceptor.
13. Remove sample port lid and place sample tub in flow.
14. Pump at least a half gallon of sample into a waste jug **not in sample port**.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Purge pump to clear pump hose out. You can purge into sample port as long as you are done sampling.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water.
19. Purge all of the DI Water out to rinse the hose inside.
20. Pull Sample hose out of port and rinse thoroughly with DI Water.
21. Clean up any mess made, dispose of rubber gloves properly and replace sample port lid.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx.

Pomrenke Wireline Services

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Pump Sampler or Dip Sampler (replacement hose or dipper bottles as needed)
    b. DI Water Jugs (2-3 Gallons)
    c. Sample Bottles
    d. Waste Bottle (1-2 Gallon Bottles)
    e. 1 L Glass bottle (if filling Vials)
    f. pH Meter
    g. Rubber Gloves
    h. Sample Procedure Book
10. Drive to site 1A Bowker Rd
11. Put rubber gloves on.
12. Sample port is located on the south side of their building, on the west side of the sand/oil interceptor unit.
13. Remove cap and place Pump hose in sample port.
14. Pump at least a half gallon of sample into a waste jug.
15. Fill all Sample bottles with pump, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
16. After all sample bottles are full, replace all caps and set aside.
17. Purge pump to clear pump hose out.
18. Rinse pump hose thoroughly with DI Water and put hose in gallon jug of DI Water
19. Purge all of the DI Water out to rinse the hose inside.
20. Pull Sample hose out of port and rinse thoroughly with DI Water.
21. Clean up any mess made and dispose of rubber gloves properly.
22. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
23. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
24. Tape Cooler shut with packing tape.
25. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
26. Tape lab address to top of cooler with return address information.
27. Take to FedEx.

Terracon RS-1

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1301B West Elk St
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Terracon RS-3

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1318 ½ N. Elk St Old Waste Management
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Terracon RS-7

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1627 ½ N. Elk St McDonalds/Phillip 66
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Terracon RS-8

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 1620 ½ N. Elk St Outlaw Texaco
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

Revised 2/10/2011

Terracon RS-19

Sampling Procedure

1. Review IU File for information on what to sample for.
2. Get bottles for samples being taken.
3. Make sure bottles are properly cleaned and have correct preservatives if necessary.
4. Label bottles with correct labels and information.
5. Log control number in log book.
6. Fill out chain of custody with site, control number, and sample information.
7. Calibrate pH meter as directed on meter, with 2 buffers (log in book).
8. Clean all sample equipment (pump sampler, dip sampler, etc.).
9. Load equipment in Vehicle, see list below
    a. Sample Bottles
    b. Waste Bottle (1-2 Gallon Jugs or 1 L Glass)
    c. 1 L Glass bottle (if filling Vials)
    d. pH Meter
    e. Rubber Gloves
    f. Sample Procedure Book
10. Contact Terracon (362-1450) and someone will be able to open all the buildings and show where sample port is located.
11. Drive to site 151 1/2 Industrial Dr Fleischli Oil
12. Put rubber gloves on.
13. Open port and fill waste jug up at least half way. If you can't fill all the bottles under the sample port, use a 1 Liter glass bottle to transfer. Make sure it is a clean bottle with no preservatives.
14. Fill all Sample bottles from port, except vials. Fill 1 L Glass bottle, and then fill vials from that making sure there is no air in the vial.
15. After all sample bottles are full, replace all caps and set aside.
16. Clean up any mess made, dispose of rubber gloves properly.
17. Return to plant and place all sample bottles in refrigerator to cool to 4° C.
18. When cool pack into cooler following contents (pack late in day to preserve ice for as long as possible)
    a. Samples (glass bottles must go into a bubble wrap sleeve)
    b. Ice in 1 gallon freezer bags
    c. Any more bubble wrap packing to make sure bottles are protected.
    d. Return Address Information (in zip lock bag for protection against water)
    e. Chain of Custody, must be filled out completely, signed and dated (in zip lock bag for protection against water).
19. Tape Cooler shut with packing tape.
20. Fill out FedEx Forms and Attach correctly (samples are sent next day air)
21. Tape lab address to top of cooler with return address information.
22. Take to FedEx.

CHIAN OF CUSTODY RECORD
CITY OF ROCK SPRINGS
2300 SUNSET DR, ROCK SPRINGS, WY 82901

Rock Springs

Facility Information	

Samplers Information		
Date:	Name:	Signature:
Date:	Name:	Signature:

Sample No.	Collection Date/Time	Sample Type	Preservatives	Bottle Type	Analysis	Lab ID No.

1-Relinquished By:	Date/Time:	1-Received By:	Date/Time:	Comments:	pH
2-Relinquished By:	Date/Time:	2-Received By:	Date/Time:	Composite Start Time:	Temp. °C
3-Relinquished By:	Date/Time:	3-Received By:	Date/Time:	Composite End Time:	Page

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CHIAN OF CUSTODY RECORD
CITY OF ROCK SPRINGS
2300 SUNSET DR, ROCK SPRINGS, WY 82901

Facility Information	**HALLIBURTON Permit # 03-07-043** 1801 Blairtown Rd Rock Springs, WY 82901

Samplers Information

Date:	Name:	Signature:
Date:	Name:	Signature:

Sample No.	Collection Date/Time	Sample Type	Preservatives	Bottle Type	Analysis	Lab ID No.
			HNO_3 - ICE	1 - 500 mL Poly	Cd, Cu, Mo, Ni, Pb, Se, Zn	
			HCl - ICE	1 - 1 L GLASS AMBER	TPH (1631a)	
			ICE	1 - 1 L Poly	TSS, pH	
			HCl - ICE	4 - 40 mL VOC Vials	BETX, Benzene	

1-Relinquished By:	Date/Time:	1-Received By:	Date/Time:	Comments:	pH
2-Relinquished By:	Date/Time:	2-Received By:	Date/Time:	Composite Start Time:	Temp. °C
3-Relinquished By:	Date/Time:	3-Received By:	Date/Time:	Composite End Time:	Page

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CITY OF ROCK SPRINGS
INDUSTRIAL PRETREATMENT PROGRAM
INITIAL INSPECTION FORM

Time of Inspection: 10:00

Inspection Date: 12-29-10

Inspector(s): Randy Conner

Present at inspection: Darryn Achall, Maintenance Manager

PART I
A: GENERAL INFORMATION

Facility Name: SWEETWATER COUNTY MEMORIAL HOSPITAL

Location Address: 1200 COLLEGE DRIVE, ROCK SPRINGS, WY 82901

Mailing Address: P.O. BOX 1354, ROCK SPRINGS, WY 82901

Responsible Official: LINDA SIMMONS Title: ADMINISTRATOR Phone: 362-3711

Contact: DARRYN ACHALL Title: MAINTENANCE MANAGER Phone: 352-8239

Briefly describe the business activity including products produced and manufacturing processes used: HOSPITAL, EMERGENCY ROOM, OUT PATIENT CARE, DOCTORS OFFICES, X-RAY SERVICES, LABORATORY SERVICES, AUTO CLAVE, PHARMACY

1. List all environmental control permits held by this facility:

Permit Type	Permit #	Issuing Agency	Expir. Date
Notification of Regulated Waste	WY0000882829	DEQ/EPA	Lifetime

2. Is a Waste Consultant retained ? Yes ( ) No (X) N/A ( )

Company Name: _____ Phone: _____ Fax: _____

Contact Name: _____ Phone: _____ Fax: _____

3. Emergency notification, (of City), procedures posted ? Yes (X) No ( ) N/A ( )

4. Name and phone number of emergency notification contact ?

Name of Contact: ROCK SPRINGS POLICE DEPARTMENT Phone Number: 352-1575

5. Is the operation ?: Continuous (X) Batch ( ) Both ( ) N/A ( )

6. Are there any bypasses, systems or lines ? Yes ( ) No (X) N/A ( )

If Yes, where ? (Please show on plans): _____

7. Is there more than one discharge line ? Yes ( ) No (X) N/A ( )
If Yes, please show on map.

B: FACILITY OPERATIONS DATA

1. Shifts Normally Worked, (check here if operation is **24hr /(365days)** **(X)**

	SUN	MON	TUES	WED	THUR	FRI	SAT
1st							
2nd							
3rd							

Shift Times:

1st _____

2nd _____

3rd _____

Avg. No. Employees per Shift 70-150

1st 150

2nd 70

3rd 70

2. Normal Operating Months (Circle one): J F M A M J J A S O N D, **FY**

3.

Water Sources and Type	Volume/Month	Meter/Location
Surface Water		
Well Water		
Municipal acct # 16118	27,000 gal/mo.	Power House (2 meters)
Reuse/Recycled Water		

Other: _____

4. Plant Layout: Attach one or more schematic diagrams indicating the manufacturing process and operations sequence, wastewater discharges, including regulated, unregulated, and dilution wastewater discharges. Note the points of discharge to the in-plant sewer system and the POTW, the designated points of sampling, and the sources of the wastewater discharges. ON FILE - WITH NO CHANGES (X) ATTACHED ( )

5. Production information: Production Rates (This section must be completed if facility is subject to production based standards; optional if facility is subject to concentration-based standards; N/A if using end of pipe mass based limits). For each of the manufacturing process identified in Item #6, list the applicable production rates. N/A (x)

PRODUCTION RATE PER PROCESS

Typical Process	Typical Day	Typical Week	Highest Month	Highest Year *	Highest Month **
N/A					

* Highest year in the last five complete years

** Highest month in the highest year

6. For each of the wastewater discharges identified in Item #6, list the applicable wastewater flow rates. Indicate whether flows are estimated (E) or measured (M), and batch (B) or Continuous (C).

Wastewater Discharge	Daily Avg. Flow	Daily Max. Flow	Estimated(E) Measured(M)	Batch (B) Continuous(C)
Process or bldg 1	INC			
Process or bldg 2	INC			
Non-Contact Cooling H2O	INC			
Boiler blowdown, makeup	INC			
Evaporation				
Sanitary	21,300	27,000	M	C
Other(s)				
Totals	21,300	27,000	M	C

7. Wastewater Discharges:
   a. Regulated Flow Rate Avg.: 21,300 Max flow in GPD: 27,000
   b. Total Flow Rate Avg. in GPD: SAME Max flow in GPD: SAME
   c. Type of Flow Meter: CITY WATER Last Calibrated: 2008
   If applicable, describe the flow measuring device(s) used to determine the above flows: CITY INCOMING WATER METER USED
   WATER METER LOCATED IN POWER HOUSE AS OF 2008
   TWO METERS, 1=CF X 100 2=CF READINGS AT TIME OF INSPECTION
   1 = 0028400 (X 100) 2 = 130190

8. Describe the manner by which any residual solids are disposed of: MOST MEDICAL MATERIAL IS AUTO CLAVED, STERICYCLE PICKS UP HAZARDOUS WASTES, GREASE TRAP HAULED TO WWTP, MINOR SUMP WASTES FROM MAINTENANCE SHOP IS LANDFILLED (CLEANED 1/YR)

9. Describe the manner by which any bio-solid wastes are disposed of:
   N/A

10. Is the sludge disposed of via a RCRA manifest and/or method ?
    Yes (X) No ( ) N/A ( )

C: WASTE HAULER DATA:

1. Hauler: INDEPENDENT ENTERPRISES INC Hauler ID:
2. Contact Name: MIKE TACKIE Phone #: 307-362-5975
3. Disposal Site: CITY WWTP Hour of operation: 7-4
4. Frequency: AS REQUIRED Quantities: 3,000 GAL
5. Location of facility waste pick up site: LOWER LEVEL FRONT ENTRANCE FROM GREASE TRAP

D: SPILL PREVENTION CONTROL AND COUNTER-MEASURE PLAN EVALUATION

1. Is there a spill prevention control and counter-measure plan (SPCC) in effect at this facility ? Yes (X) No ( ) N/A ( )

2. Has a Spill Prevention Plan been: Provided (X) Requested ( ) N/A ( )

3. Date Submitted: OCTOBER 11, 2010 Submitted to: RANDY CONNER

4. If a plan is in place comment on adequacy of SPCC, the industry's adherence to its provisions and any deficient conditions:
ADAQUATE (X) INSUFFICENT ( ) ON FILE (X) OTHER: _____

E: SLUG PREVENTION PLAN OR PROCEDURES

1. Is there a slug prevention plan (SPCC) in effect at this facility ? Yes (X) No ( ) N/A ( )

2. Has a Slug Prevention Plan been: Provided (X) Requested ( ) N/A ( )

3. Date Submitted: OCTOBER 11, 2010 Submitted to: RANDY CONNER

5. If a plan is in place comment on adequacy of the Plan, the industry's adherence to its provisions and any deficient conditions:
ADAQUATE (X) INSUFFICENT ( ) ON FILE (X) OTHER: _____

F: HAZARDOUS & TOXIC MATERIALS HANDLING & STORAGE EVALUATION

1. Are chemicals handled or stored outside? Yes (X) No ( ) N/A ( )
If yes, where does rainwater from these areas drain to? USED CHEMICALS IN CONTAINED OUTSIDE AREA NO DRAIN. NEW CHEMICALS IN SHOP FIRE CABINET, MINOR AMOUT OF TOLUENE 2-3 GALLONS, IF SPILL OCCURS IT WILL GO INTO SHOP SUMP A BE CONTAINED THEREIN

   a. If stored outside is there containment? Yes (X) No ( ) N/A ( )

   b. Is the containment adequate ? Yes (X) No ( ) N/A ( )

2. Are chemicals handled or stored near floor drains within the facility ? Yes (X) No ( ) N/A ( )
If yes, where do floor drains lead to: SUMP BOX

   a. If chemicals are stored near floor drains is there containment ? Yes (X) No ( ) N/A ( )

   b. Is the containment adequate ? Yes (X) No ( ) N/A ( )

3. List all chemicals present within the plant or facility grounds on an attached sheet, what the chemicals are used for, include copies of all

(MSDS), Material Safety Data Sheet. **SEE FILE FOR LIST**
MSDS - Requested ( ) On File (X) N/A ( )

4. List all petroleum products, solvents, and volatiles present within the plant or facility grounds on an attached sheet, what the petroleum products, solvents, and volatiles are used for, include copies of all (MSDS), Material Safety Data Sheet for each item listed.
Requested (X) **On File (X)** N/A ( )

PART II
A: INDUSTRIAL USER PRETREATMENT FACILITIES EVALUATION

1. Describe any pretreatment system(s) (sumps, oil/sand interceptors, coalescer, precipitator, used by the facility, include current and/or planned systems. Move to next section if there is no pretreatment at the facility. Attach a schematic showing flows and unit operations and contributing sources. Please explain system: GREASE TRAP KITCHEN AREA, SUMP BOX SHOP AREA. PROPER MATERIALS HANDLING AND DISPOSAL

(a) Is there a full time waste water treatment operator ?
Yes ( ) No (X) N/A ( )

(b) Has the system experienced operational/upset problems ?
Yes ( ) No (X) N/A ( )

(c) Are all treatment systems operational ? Yes (X) No ( ) N/A ( )

(d) Is there a treatment O and M manual ? Yes ( ) No (X) N/A ( )

(e) Are operation manuals maintained ? Yes ( ) No ( ) N/A (X)

(f) Is the pretreatment equipment operated and maintained properly ?
Yes (X) No ( ) N/A ( )

(g) Is there a spare parts inventory for critical parts ?
Yes ( ) No ( ) N/A (X)

(h) Additional comments on the facility treatment operations:

B: INDUSTRIAL USER RECORD KEEPING
(move to next section if not permitted)

1. Is the IU under a Compliance Schedule for meeting Categorical Pretreatment Standards ? Yes ( ) No (X) N/A ( )

2. Are periodic compliance reports, or SMR's on continued compliance submitted to the Control Authority 403.12(e) ? Yes (X) No ( ) N/A ( )

3. Are records maintained consistent with 403.12(l)(i-v) ?
Yes (X) No ( ) N/A ( )

If No, describe deficiencies: _____

_____

4. Are records on site & available for federal inspections as per 40 CFR Part 403.12 (1)(2)? Yes (X) No ( ) N/A ( )

5. Are records kept on site for a minimum of three years ?
Yes (X) No ( ) N/A ( )

6. Are all records signed by an authorized representative ?
Yes (X) No ( ) N/A ( )

7. Were records reviewed at the time of this inspection?
Yes (X) No ( ) N/A ( )

C: ADDITIONAL COMMENTS FROM INSPECTION

1. Do or may local limits apply to facility? Yes (X) No ( ) UKN ( )

2. Has control authority notified IU of any appropriate requirements or limits prior to this inspection? Yes (X) No ( ) N/A ( )

3. PSES (X) or PSNS ( ) Source Category : N/A

4. Describe any planned changes in plant operations which could change present production rates, water use, or wastewater characteristics.

NEW OFFICE SPACE BEING BUILT

_____

5. Are any known prohibited discharges being introduced into the City Collection System, 403.5(b) ? Yes ( ) No (X) N/A ( )

6. Is an Industrial Pretreatment Discharge Permit needed or required ?
Yes (X) No ( ) N/A ( )

7. Does the Sump System require cleaning and inspection ?
Yes ( ) No (X) N/A ( )

8. Does the Sump System require repair ?
Yes ( ) No (X) N/A ( )

9. Does the Oil/Sand Interceptor require cleaning and inspection ?
Yes ( ) No ( ) N/A (X)

10. Does the Oil Sand Interceptor require repair ?
Yes ( ) No (X) N/A ( )

D: REQUIRED PRETREATMENT REPORTS

1. List pretreatment reports submitted by the facility or requested at the time of this inspection, the date submitted and the due date, and who it was requested by, IE: (Agency (EPA, State, POTW).

Report Requested	Date Requested by
Baseline Monitoring report	
Industrial Waste Survey	OCTOBER 22,2010
Industrial Waste Permit Application	OCTOBER 22,2010
Oil and Grease Survey	1992
Permit Application Form	OCTOBER 22,2010
Industrial User Flow and Ph Log	MONTHLY
Sign Off Log Sheets	ON FILE
Self Monitoring Report	MONTHLY

2. Were any reports deficient? Yes ( ) No (X) N/A ( )
If yes, note deficiencies:

3. List any reports which were required but which have not been submitted:
(complete during inspection or upon final inspection report write-up)
NONE

PART III

A: INDUSTRIAL USER WASTEWATER MONITORING

(if N/A on #1 move to Part IV)

1. Does I.U. do self monitoring. Yes (X) No ( ) N/A ( )
(If no monitoring is performed by Industrial User move to PART IV)

2. Date of last sampling by Industrial User: 11-02-10 , 12-02-10, 12-*06-10

3. Type of sample collected: GRAB ( ) COMPOSITE( ) BOTH (X)

4. Sampling Frequency: MONTHLY Reporting Frequency: EVERY MONTH

5. Are Analytical Results available ? Yes (X) No ( ) N/A ( )

6. Who performs the required sampling and analysis for the facility?
MAINTENANCE STAFF DOES SAMPLING, INTERMOUNTAIN LABS DOES ANALYSIS

7. Which parameters are monitored by the facility? (circle one/bold one)
pH **BOD** **TSS** **BENZENE** **BETX**

PART VI

A. COMMENTS:

NEW DOCTORS OFFICES FACILITY BEING BUILT AT THIS TIME. New Emergency room area completed this year. Recent enforcement action taken for failure to sample and report. Facility looks good and no noted issues at this time. New Maintenance Manager on staff. New Administrator on staff. Used chemicals stored in fenced yard next to power house, new chemicals stored in fire cabinet in Shop area.

SHOP SUMP CLEANED 1/YR

GREASE TRAP CLEANED LAST WEEK

MORGUE TISSUE GRINDER NOT INSTALLED, NO INSTALLATION PLANNED

NEW UNDERGROUND FUEL STORAGE TANKS MONITORED BY DEQ

2 NEW 750 KW GEN SETS

NO VOLUMES OF CHEMICALS GREATER THAN 1 GALLON ARE STORED IN HOSPITAL MAIN BUILDING.

Next inspection due on: 08-15-11

Inspector: RANDY CONNER Date of Inspection: 12-29-10

Randy Conner

Inspectors Signature

CITY OF ROCK SPRINGS

INDUSTRIAL USER CONTACT REPORT & CONVERSATION RECORD

TIME_____ DATE_____ LOCATION_____

INDUSTRIAL USER NAME_____

PERMIT NUMBER_____

TYPE: VISIT_____ CONFERENCE_____ TELEPHONE_____ INCOMING_____ OUTGOING____

Name of Person(s) Contacted or in Contact with You _____

Telephone_____Fax_____

Subject_____

_____

_____

_____

Summary of Conversation_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Action Required_____

_____

_____

Signature_____ Title_____ Date_____

Action Taken_____

_____

_____

Signature_____ Title_____ Date_____

(Revised 02-04-11)